

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003917

1. Entity Name

LINCOLN GP CYPRESS, INC.

93500-D

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90195 017 \*\*\*150.00

00038913



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
PO BOX 1920  
DALLAS TX 75221

Mailing Address  
PO BOX 1920  
DALLAS TX 75221-1920

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **75-2831817** **APPLIED FOR**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUVALL, WILLIAM C 1505 FEDERAL ST. DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COURTWRIGHT, GREGORY S 1505 FEDERAL ST. DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DAVIS, NANCY 1505 FEDERAL ST. DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV POGUE, MACK 1505 FEDERAL ST. DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAMBURGER, BUCKY 3405 PIEDMONT RD NE SUITE 100 ATLANTA GA 30305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAHLEY, SCOTT 255 S. ORANGE AVE SUITE 905 ORLANDO FL 32801 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leigh Ann Everett* **Leigh Ann Everett** **Asst. Secretary** 4/11/00 (214) 740-4440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

D0038 9/3

LINCOLN GP CYPRESS, INC.

DOC: F99000003917

11. Officers and Directors

Title:	Assistant Secretary
Name:	Leigh Ann Everett
Address:	500 N. Akard, Suite 3300
City/St/Zip:	Dallas, Texas 75201