

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90051 047 \*\*\*150.00

**DOCUMENT # G04033**

1. Entity Name  
**CAMBAS INVESTMENTS, INC.**

Principal Place of Business SUITE 500, ONE RIVERWAY HOUSTON TX 77056	Mailing Address ONE RIVERWAY STE 500 HOUSTON TX 77056-1921 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2887497** Applied For   
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMBAS, NICHOLAS A JR</b> <b>2045 LAWSON RD.</b> <b>CLEARWATER FL 34623</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V P/S</b> <b>Robert E. Longo</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CAMBAS, NICHOLAS A JR</b> <b>2045 LAWSON RD.</b> <b>CLEAWATER FL 34623</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CEO</b> <b>Frank Gallagher</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>Michael Sanchez</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Gregory Upham</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Linda Burtwistle</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>Shayne A. Rosecrans</b> <b>One Riverway, Ste 500</b> <b>Houston, TEXAS 77056</b>

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: Shayne A. Rosecrans Date: 2-28-00 Daytime Phone #: 713-860-1767

CR2E034 (9/99)