

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90021 046 \*\*\*150.00

**DOCUMENT # G78594**

1. Entity Name  
**ROBERT E. WOOLLEY/FLORIDA, INCORPORATED**

**80018655**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**3210 BELT LINE ROAD**      **3210 BELT LINE ROAD**  
**SUITE 140**      **SUITE 140**  
**DALLAS TX 75234**      **DALLAS TX 75234-2324**  
**US**      **US**

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

4. FEI Number      Applied For  
**59-2382606**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRASSER, PAUL R.**  
**8875 HIDDEN RIVER PARKWAY**  
**SUITE 300**  
**TAMPA FL 33637**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WOOLLEY, ROBERT E.	
STREET ADDRESS	3210 BELT LINE RD., SUITE 140	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROCHE, CHRISTINE M	
STREET ADDRESS	3210 BELT LINE RD., SUITE 140	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENWALD, MICHAEL R.	
STREET ADDRESS	3210 BELT LINE RD., SUITE 140	
CITY-ST-ZIP	DALLAS TX	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	RALPH, DOUGLAS A	
STREET ADDRESS	3210 BELT LINE RD., SUITE 140	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Christine M. Roche      **CHRISTINE M. ROCHE**      1/26/00      (972) 280-0300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)