

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000011968**

**1. Entity Name**  
**FLORIDA MARKER, LLC**

**Principal Place of Business**

**1929 ALLEN PARKWAY  
HOUSTON TX 77019**

**Mailing Address**

**1929 ALLEN PARKWAY  
HOUSTON TX 77019**

**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**

**76-0657205**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** P ☐ Delete  
**NAME** BRANDENBURG, JOSEPH A  
**STREET ADDRESS** DPT 2943 9TH FL 1929 ALLEN PKWY  
**CITY-ST-ZIP** HOUSTON TX 77019

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** TIMOTHY J. CLAIBORNE  
**STREET ADDRESS** 1929 ALLEN PKWY, 9TH FLOOR  
**CITY-ST-ZIP** HOUSTON TX 77019

**TITLE** ☐ Change ☒ Addition  
**NAME** 300004134123-  
**STREET ADDRESS** -05/10/01--01113--012  
**CITY-ST-ZIP** \*\*\*\*\*50.00 \*\*\*\*\*50.00

**TITLE** T ☐ Delete  
**NAME** HARRIS E. LORING III  
**STREET ADDRESS** 1929 ALLEN PKWY 9TH FLOOR  
**CITY-ST-ZIP** HOUSTON TX 77029

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** GIPSON, RAY A  
**STREET ADDRESS** 1929 ALLEN PKWY, 9TH FLOOR  
**CITY-ST-ZIP** HOUSTON TX 77019

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** SUSAN L GARRETT  
**STREET ADDRESS** 1929 ALLEN PKWY  
**CITY-ST-ZIP** HOUSTON TX 77019

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** JUDITH M MARSHALL  
**STREET ADDRESS** 1929 ALLEN PKWY  
**CITY-ST-ZIP** HOUSTON TX 77019

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

**SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**

**01 APR 27 AM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

002897 AF

CR2E083 (11/00)

4/11/01

(713) 522-5141