

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **L97000000211**

1. Entity Name  
**CENTEX ROONEY/HLM CORRECTIONAL DESIGN BUILDERS,**

00 APR 23 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2728 N. HARWOOD ST.  
DALLAS TX 75201

Mailing Address  
P.O. BOX 199000  
DALLAS TX 75219-9000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2694118**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HENDERSON, CYNTHIA**  
**101 EAST KENNEDY BLVD.**  
**SUITE 2000**  
**TAMPA FL 33602**

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**

**400003245354--6**  
**-05/09/00--01113--022**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM**  
**HANSEN, LIND, MEYER ARCHITECTS**  
**800 N. MAGNIA AVE., SUITE 1100**  
**ORLANDO FL 32803**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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**MGRM**  
**CENTEX ROONEY CONSTRUCTION CO., INC.**  
**6300 N.W. 5TH WAY**  
**FORT LAUDERDALE FL 33309**

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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:

*Signature Required*  
**TANER ERICKSON**

**4/8/00**

**214-481-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)