

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000909

1. Entity Name

CENTEX ROONEY/RS&H DESIGN BUILDERS, L.C.

Principal Place of Business

6300 NW 5TH WAY  
FT. LAUDERDALE FL 33309

Mailing Address

P.O. BOX 199000  
DALLAS TX 75219

2. Principal Place of Business

2728 N. HANWOOD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dallas, TX

City & State

Zip

75201

Country

USA  
DALLAS

Zip

Country

4. FEI Number

58-2341224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, CYNTHIA A  
101 E KENNEDY BLVD  
SUITE 2000  
TAMPA FL 33602

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, SMITH & HILLS, INC. 4651 SALISBURY ROAD, SUITE 400 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTEX ROONEY CONSTRUCTION COMPANY, INC. 7901 SW 6TH CT PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMMACK, JOHN W 5348 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIE, ROBERT E 4651 SALISBURY RD STE 193 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTSON, DAVID K 4651 SALISBURY RD STE 193 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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**

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

Date

Daytime Phone #

4/23/02 214-981-5000

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90383 049 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)