

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001807

1. Entity Name

COBBLESTONE ENTERPRISES OF FLORIDA ACQUISITION, LLC

Principal Place of Business

3030 LBJ FREEWAY, SUITE 700
DALLAS TX 75234-7703

Mailing Address

3030 LBJ FREEWAY, SUITE 700
DALLAS TX 75234-7703

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

75-2802900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

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/MANAGERS

TITLE NAME MGR
BAKER, WILLIAM C
STREET ADDRESS 197 FIRST AVENUE, SUITE 100
CITY-ST-ZIP NEEDHAM MA 02194 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Change ☐ Addition
STREET ADDRESS ~~3030 LBJ FREEWAY~~
CITY-ST-ZIP ~~DALLAS, TX 75234~~

TITLE NAME MGR ☐ Change ☐ Addition
STREET ADDRESS MARY CONSER
CITY-ST-ZIP 3030 LBJ FREEWAY
DALLAS, TX 75234

TITLE NAME MGR ☐ Change ☐ Addition
STREET ADDRESS JAMES WINKLEY
CITY-ST-ZIP 3030 LBJ FREEWAY
DALLAS, TX 75234

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003342965--0
CITY-ST-ZIP -08/02/00-01003--006

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ***100.00
CITY-ST-ZIP ***50.00

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

7-12-00 972-243-6191

CR2E083 (5/00)

APPROVED
AND
FILED

00 JUL 27 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE