

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91311 020 ***150.00

DOCUMENT # M43871

1. Entity Name
LODESTAR NEW ORLEANS, INC.



Principal Place of Business

**100 REGENCY FOREST DR
STE 100
CARY NC 27511
US**

Mailing Address

**100 REGENCY FOREST DR
STE 100
CARY NC 27511
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 59-2752437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BLTZ, TIMOTHY G
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

TITLE V ☐ Change ☒ Addition
NAME Gabriela Gonzalez
STREET ADDRESS 100 Regency Forest DR
CITY-ST-ZIP Cary, NC 27511

TITLE P ☐ Delete
NAME PRESTWOOD, THOMAS A
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

TITLE P ☒ Change ☐ Addition
NAME Thomas A. Prestwood
STREET ADDRESS 5601 N. MacArthur BLVD, Suite 100
CITY-ST-ZIP Irving, TX 75038

TITLE EVP ☒ Delete
NAME TOMIC, DAVID P
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

TITLE A. TREAS ☐ Change ☒ Addition
NAME James S. Felman
STREET ADDRESS 100 Regency Forest DR
CITY-ST-ZIP Cary, NC 27511

TITLE VP ☒ Delete
NAME BYRNE, RICHARD J
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

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

TITLE VP ☒ Delete
NAME HUNT, DANIEL
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

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

TITLE S ☐ Delete
NAME LYNCH, JOHN H
STREET ADDRESS 100 REGENCY FOREST DR STE 100
CITY-ST-ZIP CARY NC 27511

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Felman 4-17-03

Date

Daytime Phone #

919-468-0112

CR2E034 (10/02)