

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000637

1. Entity Name

S&A FEE PROPERTIES SPE 2, L.L.C.

Principal Place of Business

6500 INTERNATIONAL PKWY  
PLANO, TEXAS 75093

Mailing Address

6500 INTERNATIONAL PKWY  
PLANO, TEXAS 75093  
ATTN: TAX DEPT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME EUGENE CALDWELL  
STREET ADDRESS 6500 INTERNATIONAL PKWY  
CITY - ST - ZIP PLANO, TEXAS 75093

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

TITLE MGR ☐ Delete  
NAME TODD M. WATSON  
STREET ADDRESS 6500 INTERNATIONAL PKWY  
CITY - ST - ZIP PLANO, TEXAS 75093

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

TITLE MGRM ☐ Delete  
NAME S&A PROPERTIES CORP.  
STREET ADDRESS 6500 INTERNATIONAL PKWY  
CITY - ST - ZIP PLANO, TEXAS 75093

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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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: *Eugene Caldwell*

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

Date

Daytime Phone #