

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015661 AF

DOCUMENT # M98000000973

1. Entity Name
CENTEX HOMETEAM LAWN CARE, LLC

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2728 NORTH HARWOOD
DALLAS TX 75201-1516

Mailing Address
P.O. BOX 199000
CORP. TAX DEPT.
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 75-2777247

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 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HIRSCH, LAURENCE E
STREET ADDRESS 2728 NORTH HARWOOD
CITY-ST-ZIP DALLAS TX 75201-1516 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
8000003264828--1

TITLE MGR
NAME SMERGE, RAYMOND G
STREET ADDRESS 2728 NORTH HARWOOD
CITY-ST-ZIP DALLAS TX 75201-1516 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
-05/24/00--01862--002
*****50.00 *****50.00

TITLE MGR
NAME WEINBERG, STEPHEN M
STREET ADDRESS 2728 NORTH HARWOOD
CITY-ST-ZIP DALLAS TX 75201-1516 ☒ Delete

TITLE MGR
NAME ROBERT M. SWARTZ
STREET ADDRESS 2728 N. HARWOOD
CITY-ST-ZIP DALLAS, TX 75201 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-27-00

Date

(214) 981-5000

Daytime Phone #

CR2E083 (9/99)