

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M98000001148

1. Entity Name,

CENTEX MULTI-FAMILY ST. PETE I, L.L.C.

00 MAY -4 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2728 N. HARWOOD STREET  
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

75-2783688

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR VICK, MICHAEL M ☐ Delete  
STREET ADDRESS 2728 N HARWOOD STREET  
CITY- ST- ZIP DALLAS TX 75201-1516

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

TITLE NAME MGR LOVELADY, KYLE D ☐ Delete  
STREET ADDRESS 2728 N HARWOOD STREET  
CITY- ST- ZIP DALLAS TX 75201-1516

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003269204--4  
CITY- ST- ZIP -05/26/00--01108--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR WINZELER, DENNIS K ☐ Delete  
STREET ADDRESS 2728 N HARWOOD STREET  
CITY- ST- ZIP DALLAS TX 75201-1516

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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: X

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

KYLE LOVELADY

4-28-2000

214-981-6707

Date

Daytime Phone #

CR2E083 (9/99)