

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000001148

1. Entity Name
CENTEX MULTI-FAMILY ST. PETE I, L.L.C.

FILED

01 MAY -7 PM 5:29

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



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

75-2783688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

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

300004336758--2
-05/31/01--01090--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE MGR
NAME REED, JOEL S.
STREET ADDRESS 2728 N. HARWOOD ST
CITY-ST-ZIP DALLAS, TX 75201 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

Date

(214) 981-5000

Daytime Phone #

0028573 AF

CR2E083 (11/00)