

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001150

1. Entity Name

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

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 75-2783681

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

4/24/01

(214) 981-5000

FILED

2001 JUN -7 AM 10:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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