

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001332

1. Entity Name

H. D. VEST INSURANCE AGENCY, L.L.C.

Principal Place of Business

6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
IRVING TX 75038

Mailing Address

6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
IRVING TX 75038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number 75-2787410
72-5787410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

400004220494--7
-05/16/01--01103--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME VEST, HERB D
STREET ADDRESS 6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
CITY-ST-ZIP IRVING TX 75038

TITLE
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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 REQUIRED HERE: H. D. VEST, MANAGER

4/18/01 (972) 870-6000

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

Date

Daytime Phone #

0029857 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED
01 APR 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA