

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # M99000000601

1. Entity Name

CUMBERLAND ALLEGIANCE MANAGEMENT COMPANY, L.L.C.

01 MAY -8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4801 W. LOVERS LANE
DALLAS TX 75209

Mailing Address

4801 W. LOVERS LANE
DALLAS TX 75209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2724114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CUMBERLAND ALLEGIANCE DEVELOPMENT COMPANY
STREET ADDRESS 4801 W. LOVERS LANE
CITY-ST-ZIP DALLAS TX 75209 ☐ Delete

TITLE NAME MGRM BUCKSHOT INVESTMENTS, INC.
STREET ADDRESS 4801 W. LOVERS LANE
CITY-ST-ZIP DALLAS TX 75209 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004368423--9
CITY-ST-ZIP -06/06/01--01095--014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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:

Signature of Managing Member

4/27/01

214-366-3136

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

Date

Daytime Phone #