

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001618

1. Entity Name

CENTEX MULTI-FAMILY ST. PETE HOLDING COMPANY, L.

Principal Place of Business

2728 NORTH HARWOOD STREET  
DALLAS TX 75201-1516

Mailing Address

2728 NORTH HARWOOD STREET  
DALLAS TX 75201-1593

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P O Box 199000

Suite, Apt. #, etc.

City & State

DALLAS, TX

Zip 75219

Country

4. FEI Number

75-2841117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
100003269241--9  
-05/26/00--01108--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
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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: *Kyle Lovelady*

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

Date

4-28-2000

Daytime Phone #

214-981-6707

0014477 AF

CR2E083 (9/99)