

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90655 046 ****61.25

DOCUMENT # N00000007727

1. Entity Name

SOUTH CENTRAL HTE USER'S GROUP, INC.



Principal Place of Business

**411 WEST 8TH STREET
ODESSA TX 79761**

Mailing Address

**PO BOX 4398
ODESSA TX 79760**

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 **75-2917660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD JARVIS, HARVEY PO BOX 1049 GREENVILLE TX 75403-1049	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, DORIS PO BOX 1049 GREENVILLE TX 75403-1049	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SISSION, STEPHANIE 1522 TEXAS PARKWAY MISSOURI CITY TX 77459	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REILEY, RENO W 205 N. RIVER ST SEGUIN TX 78155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZENTNER, JAMES PO BOX 4398 ODESSA TX 79760	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jones, Geoff 303 East 3rd Street Joplin, MO 64801	☐ Change ☒ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Zentner
JAMES ZENTNER

3-10-03

915-335-3737

CR2E037 (10/02)