

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21780

1. Entity Name

CONCORD DELAWARE CORPORATION

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90057 024 \*\*\*150.00

Principal Place of Business

Mailing Address

200 CONCORD PLAZA DRIVE  
SUITE 303  
SAN ANTONIO TX 78216  
US

200 CONCORD PLAZA DRIVE  
SUITE 303  
SAN ANTONIO TX 78216-6939  
US

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

74-2120255

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

CT CORPORATION SYSTEM  
1200 SOUTH 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	EDDY, JAMES H., JR.	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLIS, WILLIAM T.	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MOORE, ERIC B.	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	S ✓	<input type="checkbox"/> Delete
NAME	KERR, JUDITH BRAZIL	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOBO M., HUMBERTO	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOBO M., RODRIGO	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 303	
CITY-ST-ZIP	SAN ANTONIO TX	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2000

Date

Daytime Phone #

210  
8228600