

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29042

1. Entity Name

GREYSTONE COMMUNITIES, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90042 016 \*\*\*550.00

Principal Place of Business

Mailing Address

XEROX CENTRE, SUITE 2100  
222 WEST LAS COLINAS BLVD  
IRVING TX 75039

XEROX CENTRE, SUITE 2100  
222 WEST LAS COLINAS BLVD  
IRVING TX 75039-5421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2306034

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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.

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 PD ☐ Delete  
NAME LANAHAN, MICHAEL B.  
STREET ADDRESS 222 W. LAS COLINAS BLVD  
CITY-ST-ZIP IRVING TX

TITLE T ☐ Change ☒ Addition  
NAME Jeff Chesnut  
STREET ADDRESS 222 W. Las Colinas Blvd # 2100  
CITY-ST-ZIP Irving TX 75039

TITLE VTD ☐ Delete  
NAME STEINHOFF, PAUL F.  
STREET ADDRESS 222 W. LAS COLINAS BLVD  
CITY-ST-ZIP IRVING TX

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

TITLE V ☐ Delete  
NAME WATSON, KIMBALL S.  
STREET ADDRESS 222 W. LAS COLINAS BLVD  
CITY-ST-ZIP IRVING TX

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

TITLE V ☐ Delete  
NAME ANDREWS, MARK P.  
STREET ADDRESS 222 W. LAS COLINAS BLVD  
CITY-ST-ZIP IRVING TX

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

TITLE V ☐ Delete  
NAME SPOONER, JOHN C.  
STREET ADDRESS 222 W. LAS COLINAS BLVD  
CITY-ST-ZIP IRVING TX

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

TITLE SD ☐ Delete  
NAME SMITH, RAYMOND D.  
STREET ADDRESS 600 N. PEARL, STE 1600  
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ 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:

*Jeff Chesnut* JEFF CHESNUT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-2000 972 402 3759

Date

Daytime Phone #

CR2E034 (9/99)