

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29065

1. Entity Name

RRT EMPIRE RETURNS CORPORATION

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90007 004 \*\*\*550.00

Principal Place of Business  
 1001 FANNIN  
 STE 4000  
 HOUSTON TX 77002  
 US

Mailing Address  
 1001 FANNIN  
 STE 4000  
 HOUSTON TX 77002-6711  
 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

16-1208550

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 checked="" type="checkbox"/> Delete
NAME	<del>CHAPPEL, DONALD</del>	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	SANGALIS, GREGORY T	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BLANKFIELD, BRYAN	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JONES, RONALD	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	DRAPER, JEFFREY A	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	DEFRATES, EARL	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	

TITLE	Robert G. Simpson	<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		
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		

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

Date

Daytime Phone #

6/8/00

CR21 034 (5-1-99)