

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90180 014 \*\*\*150.00

**DOCUMENT # P92000007639**



1. Entity Name  
**WINTERVILLE GENPAR II, INC.**

Principal Place of Business  
**8131 LBJ FRWY  
STE 750  
DALLAS TX 75251  
US**

Mailing Address  
**8131 LBJ FRWY  
STE 750  
DALLAS TX 75251  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
**WINTERVILLE GENPAR II, INC.**

Zip

Country

4. FEI Number **59-3153925**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**

**1201 HAYS STREET**

**SUITE 105**

**TALLAHASSEE FL 32301**

**8131 LBJ FRWY  
STE 750  
DALLAS TX 75251  
US**

Name

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

City

**FL**

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)

**59-3153925**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
STREET ADDRESS **1201 HAYS STREET**  
CITY-STATE-ZIP **SUITE 105 TALLAHASSEE FL 32301**

TITLE ☐ Delete  
NAME **LEE, JACK**  
STREET ADDRESS **5140 YONGE STREET #1525**  
CITY-STATE-ZIP **WILLOWDALE ON**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME **DIAMOND, MORRIS**  
STREET ADDRESS **32 ALMINGTON ST**  
CITY-STATE-ZIP **DOWNSVIEW ON**

TITLE ☐ Delete  
NAME **LEE, JACK**  
STREET ADDRESS **5140 YONGE STREET #1525**  
CITY-STATE-ZIP **WILLOWDALE ON**

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

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

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

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

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

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

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 607, 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: Michael Bentley, ASO**

**2/10/2003**

**972.907.1890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0654295

0903630

CR2E034 (10/02)