

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 006 ***150.00

DOCUMENT # P94000045898

1. Entity Name

MARKBOROUGH FLORIDA REALTY INC.

Principal Place of Business

Mailing Address

5750 HOMEWARD WAY
 SUGAR LAND TX 77479
 US

5750 HOMEWARD WAY
 SUGAR LAND TX 77479-5039
 US

2. Principal Place of Business

3. Mailing Address

METRO CENTER, ONE STATION PLACE
 Suite, Apt. #, etc.

METRO CENTER, ONE STATION PLACE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STAMFORD, CT

City & State

STAMFORD, CT

4. FEI Number

59-3251332

Applied For

Not Applicable

Zip

06902

Country

USA

Zip

06902

Country

USA

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

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	DP	<input type="checkbox"/> Delete
NAME	JACHINO, ROBERT J.	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, DAVID W	
STREET ADDRESS	11111 WILCREST GREEN STE 300	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SCHROEDER, JAMES W	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMORD CT	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SPRINGS, MICHAEL E	
STREET ADDRESS	11111 WILCREST GREEN STE 300	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

Michael E. Springs **MICHAEL E. SPRINGS**

4/25/00

(713) 783-6702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #