FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # **P94000070044 Secretary of State** 3050 TAMARRON BOULEVARD INC. 03-19-2001 90500 012 ***150.00 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD. 1801 HERMITAGE BLVD. SUITE 600 SUITE 600 D0026939 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-2559373 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID E. TODD Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD. STE 100 TALLAHASSEE FL 32308 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE ☐ Delete TITLE DVAS BENNETT, DOUGLAS W NAME NAME James W. Horton STREET ADDRESS 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS 1801 Hermitage Blvd., Suite 600 CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee, FL 32308 DVAT TITLE X Delete TITLE SMITH, JEFFREY L Lynne M. Gray NAME NAME STREET ADDRESS 1801 HERMITAGE BLVD-STE 600 STREET ADDRESS 1801 Hermitage Blvd., Suite 600 CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee, FL 32308 X Change Addition TITL F TITLE X Delete VAS PLUMLEE. DANIEL L NAME: NAME William L. Fulton STREET ADDRESS 8750 N. CENTRAL EXPWY. STE 800 STREET ADDRESS 8750 N. Central Expressway, Suite 800 CITY-ST-ZIP DALLAS TX 75231-6437 CITY-ST-ZIP X Addition TITLE ☐ Delete TITLE Change SMITH, ANDREWS G NAME NAME Mark Faraldo 8750 N. CENTRAL EXPWY--STE 800 STREET ADDRESS STREET ADDRESS 8750 N. Central Expressway, Suite 800 CITY-ST-ZIP DALLAS TX 75231-6437 CITY-ST-ZIP <u> Tallahassee, FL 32308</u> Change X Addition TITLE X Delete TITLE VT HORTON, JAMES W NAME Mark E. Gerigk STREET ADDRESS **1801 HERMITAGE BLVD** STREET ADDRESS 8750 N. Central Expressway, Suite 800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 <u>Dallas, TX 75231</u> TITLE Delete TITLE Change Addition VAS FULTON, WILLIAM L NAME NAME Regina Weaver STREET ADDRESS 8750 N. CENTRAL EXPRESSWAY STE 800 STREET ADDRESS 8750 N. Central Expressway, Suite 800 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231 Dallas, TX 75231

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: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-3/12/dp

850/488-4406

Daytime Phone #

CR2E034 (10/00)