

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90403 014 \*\*\*150.00

**DOCUMENT # P95000079561**

1. Entity Name  
**9270 EAGLE RANCH ROAD INC.**

Principal Place of Business <b>1801 HERMITAGE BLVD          600          TALLAHASSEE FL 32308          US</b>	Mailing Address <b>1801 HERMITAGE BLVD          600          TALLAHASSEE FL 32308          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>85-0435772</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

<del>6. Name and Address of Current Registered Agent</del>				<del>7. Name and Address of New Registered Agent</del>			
<b>TODD, DAVID E</b> <b>1801 HEMITAGE BOULEVARD</b> <b>SUITE 100</b> <b>TALLAHASSEE FL 32308</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAT</b> <b>GRAY, LYNNE M</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Mark Geigke</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FULTON, WILL</b> <b>8750 N CENTRAL EXPRESSWAY #800</b> <b>DALLAS TX 75231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>Fulton, William</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, ANDREWS G</b> <b>8750 N CENTRAL EXPRESSWAY, SUITE 800</b> <b>DALLAS TX 75231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FARALDO, MARK</b> <b>8750 N CENTRAL EXPRESSWAY #800</b> <b>DALLAS TX 75231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>HORTON, JAMES W</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>DALEY, EDWARD</b> <b>8750 N. CENTRAL EXPRESSWAY, STE. 800</b> <b>DALLAS TX 75231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.</b> <b>Daley, Edward</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andrews Smith* **3-11-02** **2149810800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARKET 101

CR2E034 (9/01)