

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092913

1. Entity Name

WINDCREST/LUBBOCK II, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90159 039 ***158.75

0479616

Principal Place of Business	Mailing Address
950 N. ORLANDO AVENUE SUITE 320 WINTER PARK FL 32789	P.O. BOX 4961 ORLANDO FL 32802-4961

C0061862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3411130		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801	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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, CHARLES B		NAME				
STREET ADDRESS	950 N ORLANDO AVE, STE 320		STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOBINCHUCK, ROBERT M		NAME	BOBINCHUCK, ROBERT M.			
STREET ADDRESS	98 SAN JACINTO BLVD., STE 710		STREET ADDRESS	701 BRAZOS STREET, SUITE 900			
CITY-ST-ZIP	AUSTIN TX 78701		CITY-ST-ZIP	AUSTIN, TX 78701			
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRONE, PRESTON		NAME				
STREET ADDRESS	950 N ORLANDO AVE., SUITE 320		STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	UPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENT, MARK		NAME	KENT, MARK			
STREET ADDRESS	950 N. ORLANDO AVENUE, STE. 320		STREET ADDRESS	701 BRAZOS STREET, SUITE 900			
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	AUSTIN, TX 78701			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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, without other like empowered.

SIGNATURE: CHARLES B. PALMER, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)