

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90217 034 \*\*\*158.75

0101386  
AV

**DOCUMENT # P96000092913**



**1. Entity Name**  
**WINDCREST/LUBBOCK II, INC.**

**Principal Place of Business**  
**950 N. ORLANDO AVENUE**  
**SUITE 120**  
**WINTER PARK FL 32789**

**Mailing Address**  
**POST OFFICE BOX 4961**  
**ORLANDO FL 32802-4961**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**310**  
**310 WAYMONT CT**

**Suite, Apt. #, etc.**

**SUITE 104**

**City & State**  
**LAKE MARY FL**

**Zip**  
**32746**

**Country**  
**USA**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**4. FEI Number**  
**59-3411130**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA**  
**390 NORTH ORANGE AVENUE**  
**SUITE 1100**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

**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. 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)

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**PALMER, CHARLES B**  
**950 N ORLANDO AVE, STE 120**  
**WINTER PARK FL 32789** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**BOBINCHUCK, ROBERT M**  
**701 BRAZOS STREET SUITE 900**  
**AUSTIN TX 78701** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPS**  
**KENT, MARK**  
**701 BRAZOS STREET SUITE 900**  
**AUSTIN TX 78701** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**PERRONE, PRESTON I**  
**950 N. ORLANDO AVE., STE 120**  
**WINTER PARK FL 32789** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**310**  
**310 WAYMONT CT** ☒ Change ☐ Addition  
**SUITE 104**  
**LAKE MARY FL 32746**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**310**  
**310 WAYMONT CT** ☒ Change ☐ Addition  
**SUITE 104**  
**LAKE MARY FLORIDA 32746**

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**  
☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition

**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:**

**Preston E. Perrone**  
**PRESTON E. PERRONE**  
**3/26/03**  
**487-624-4544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)