

2001 UNIFORM BUSINESS REPORT (UBR)

0479637

DOCUMENT # P97000014182

1. Entity Name

WILLOW RUN HOUSING II, INC.

Principal Place of Business

98 SAN JACINTO BLVD.
SUITE 710
AUSTIN TX 78701

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961
US

APPROVED
AND
FILED

01 FEB 13 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 BRAZOS STREET

3. Mailing Address

701 Brazos St.

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

Suite 900

City & State

AUSTIN, TX

City & State

Austin, Tx

Zip

78701

Country

USA

Zip

78701

Country

USA

4. FEI Number 59-3426382

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.

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BOBINCHUCK, ROBERT M	
STREET ADDRESS	701 BRAZOS ST., STE. 900	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOBINCHUCK, MICHAEL	
STREET ADDRESS	701 BRAZOS ST., STE. 900	
CITY-ST-ZIP	AUSTIN TX 78701	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Sec. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Bobinchuck	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT M. BOBINCHUCK, PRESIDENT

Date

Daytime Phone #

512-703-5000

CR2E034 (10/00)