

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090273

1. Entity Name
ESTACADO HOUSING II, INC.

Principal Place of Business
950 N. ORLANDO AVE., STE. 320
WINTER PARK FL 32789

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

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

05-10-2001 90159 038 ***158.75

LUUB1003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3478637	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE. 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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PALMER, CHARLES B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 N. ORLANDO AVE., STE. 320	NAME	
STREET ADDRESS	WINTER PARK FL 32789	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BOBINCHUCK, ROBERT M <input type="checkbox"/> Delete	TITLE	D BOBINCHUCK, ROBERT M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	98 SAN JACINTO BLVD., SUITE 710	NAME	701 BRAZOS STREET, SUITE 900
STREET ADDRESS	AUSTIN TX 78701	STREET ADDRESS	AUSTIN, TX 78701
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PT PERRONE, PRESTON <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 N. ORLANDO AVE., STE. 320	NAME	
STREET ADDRESS	WINTER PARK FL 32789	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPS KENT, MARK <input type="checkbox"/> Delete	TITLE	UPB KENT, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 N. ORLANDO AVE., STE. 320	NAME	701 BRAZOS STREET, SUITE 900
STREET ADDRESS	WINTER PARK FL 32789	STREET ADDRESS	AUSTIN TX 78701
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	
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 supplement thereto 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: CHARLES D. PALMER, DIRECTOR
PRESTON I. PERRONE, PRES.

Date: 3/24/01 Daytime Phone #: 407-628-4544

CR2E034 (10/00)