

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90050 038 ***158.75

0312630 AT

DOCUMENT # P97000100969

1. Entity Name

LEF/SPRINGSGATE VILLAGE, INC.

Principal Place of Business

**2601 S BAYSHORE DR
 STE 300-A
 MIAMI FL 33133-5413**

Mailing Address

**ONE GREENWAY PLAZA
 SUITE 850
 HOUSTON TX 77046-0102**

2. Principal Place of Business

One Greenway Plaza

3. Mailing Address

Suite, Apt. #, etc.
Suite 850

Suite, Apt. #, etc.

City & State

Houston TX

City & State

Houston TX

4. FEI Number

65-0798290

Applied For

☐ Not Applicable

Zip

77046

Country

USA

Zip

77046

Country

USA

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

6. Name and Address of Current Registered Agent

**FRIEDMAN, DAVID A
 2601 S BAYSHORE DR
 STE 300-A
 MIAMI FL 33133-5413**

7. Name and Address of New Registered Agent

Name
Robert L. Shapiro

Street Address (P.O. Box Number is Not Acceptable)
2627 Ives Dairy Road

Suite 118

City
Aventura

FL

Zip Code
33180

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

3/31/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | DP FRIEDMAN, LEONARD E ONE GREENWAY PLAZA., STE 850 HOUSTON TX 77046-0196 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FRIEDMAN, DAVID A. 2601 S BAYSHORE DR., STE 300-A MIAMI FL 33133-5413 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS RAY, SANDRA E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SWINKE, DAVID L. ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT THIBAUT, HOWARD W ONE GREENWAY PLAZA, STE 850 HOUSTON TX 77046-0196 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Friedman, David A One Greenway Plaza, Suite 850 Houston TX 77046 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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.

LEF/Springsgate Village, Inc., by Sandra E. Ray, VP and Secretary

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

Date

713-850-1850

Daytime Phone #

CR2E034 (9/01)