## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P99000048624 1. Entity Name

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Principal Place of Business 2200 ROSS AVENUE. #3600 DALLAS TX 75201			Mailing Address 2200 ROSS AVENUE. #3600 DALLAS TX 75201								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 59-3578139 Applied For Not Applica				
Zip Country			Zip Country				5. Certific	ate of Status Des	ired	\$8.75 Add	litional
	6. Name	and Address of Current Re	egistered Agent				7. Name a	and Address of I	lew Registered	Agent	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301					Name Street A	ddress (P.	O. Box Nur	mber is Not Acce	ptable)		
					City FL Zip Code						e
9. This corporate filling (See crite	FILE NOW! After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 ake Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
11.	T_	OFFICERS AND DI		12.				NS/CHANGES TO	OFFICERS AND	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, 15438 N. F TAMPA FL	LORIDA AVE., STE. 200	<b>Ş⊈</b> Delete ∴	TITLE NAME STREET CITY-S	r address St-Zip		K L.	WAGAR SS AVE., S X: 75201	uiTE 360	☐ Change	Addition Of Old 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWKIRK,	THOMAS R LORIDA AVE., STE. 200	Delete	TITLE NAME STREET CITY-S	r address St-zip	PCO MAR ZZO	0 4 S. 0 Re	MARTIA SS AVE. TX 752	) Suite 3:	□ Change らむひ	Addition &
NAMESTREET ADDRESS CITY-ST-ZIP		<del>-</del>	□ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP	PAU 22E	i Mi	JOLAS OSS AVE 1 75201	•	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	Address	efo SAF	νρ' ⁄ι Αδ ο ι≥ος	•	જ્યામ <i>ે</i>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	- S.J. 1.342	<del></del>	<del>- 12001</del>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST. 719		÷	☐ Delete	TITLE NAME STREET	ADDRESS					☐ Change	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 all address, with all other like empowered.

**SIGNATURE:** 

214-303-2776

**FILED**