

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102402

1. Entity Name

LARCAM, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90036 037 \*\*\*150.00

Principal Place of Business

1700 PACIFIC AVE., 49TH FLOOR  
DALLAS TX 75201

Mailing Address

1700 PACIFIC AVE., 49TH FLOOR  
DALLAS TX 75201

2. Principal Place of Business

1717 MAIN Street

Suite, Apt. #, etc.

59th Floor

City & State

DALLAS, TX

Zip

Country

75201

USA

3. Mailing Address

1717 MAIN Street

Suite, Apt. #, etc.

59th Floor

City & State

DALLAS, TX

Zip

Country

75201

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2855106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.  
369 N. NEW YORK AVE., 3RD FLOOR  
WINTER PARK FL 32789

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, 2000 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

D  
SAADA, JEAN-CLAUDE  
1700 PACIFIC AVE., 49TH FLOOR  
DALLAS TX 75201

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Address Change ☐ Addition

1717 MAIN STREET 59th Floor  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 214/871-7337

CR2E034 (9/99)