

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90050 012 ***150.00

DOCUMENT # 838008

1. Entity Name
SAILFISH POINT, INC.

Principal Place of Business 4440 PGA BLVD. STE. 601 PALM BEACH GARDENS FL 33410 US	Mailing Address 3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037-0001 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 800 Bell Street Suite, Apt. #, etc. State Tax Dept City & State Houston, TX Zip 77002 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2887634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALL. FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]*
 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATOCKA, B.A. 3225 GALLOWES ROAD FAIRFAX VA 22037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, P. A. 3225 GALLOWES RD. FAIRFAX VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CAVALIER, A.L. 3225 GALLOWES RD. FAIRFAX VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC LOPEZ, S.A. 3225 GALLOWES RD. FAIRFAX VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Bell Street Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARNOWSKI, J.A. 3225 GALLOWES ROAD FAIRFAX VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD SKLANSKY, P.E. 3225 GALLOWES ROAD FAIRFAX VA 22037	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.

SIGNATURE: *[Signature]* **S.A. Lopez, Asst. Controller** 04-10-00 (713) 656-1807
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)