

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90005 023 \*\*\*150.00

**DOCUMENT # 855111**

1. Entity Name  
**HATFIELD HALCOMB, INC.**



Principal Place of Business

14951 DALLAS PKWY.  
 SUITE 200  
 DALLAS TX 75240  
 US

Mailing Address

14951 DALLAS PKWY.  
 SUITE 200  
 DALLAS TX 75240  
 US

2. Principal Place of Business

5910 N. Central Expwy  
 Suite, Apt. #, etc.  
 Suite 1200

3. Mailing Address

5910 N. Central Expwy  
 Suite, Apt. #, etc.  
 Suite 1200

City & State  
 Dallas, TX

City & State  
 Dallas, TX

Zip  
 75206

Country  
 United States

Zip  
 75206

Country  
 United States

4. FEI Number **75-1362268**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALCOMB, JERRY L. 14951 DALLAS PKWY., SUITE 200 DALLAS TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Halcomb, Jerry L. 5910 N. Central Expwy, Suite 1200 Dallas, TX 75206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, JAMES H., JR. 14951 DALLAS PKWY., SUITE 200 DALLAS TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stewart, James H., JR 5910 N. Central Expwy, Suite 1200 Dallas, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, JONES C. JR. 14951 DALLAS PKWY., SUITE 200 DALLAS TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mcconnell, Jones C. JR. 5910 N. Central Expwy Suite 1200 Dallas, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J DAVID SHANKS 14951 DALLAS PKWY, SUITE 200 DALLAS TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J David Shanks 5910 N. Central Expwy Suite 1200 Dallas, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE WOODY 14951 DALLAS PKWY, SUITE 200 DALLA TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Woody 5910 N. Central Expwy Suite 1200 Dallas, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/2/2000 972/444-034  
 Date Daytime Phone

CR2E034 (5/00)

Attachment  
DH#855111  
DW79309

 **Architects**

August 8, 2000

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 6327  
Tallahassee, FL 32302-1500

Re: Document #855111

Dear Sirs

Our Corporation did not receive the January, 2000 mail out for the 2000 Uniform Business Report. We are in receipt of the Second Notice. Per my telephone call on August 8, 2000, I was instructed to mail this letter along with the report and a check for \$150.00.

Thank you for your assistance.

Sincerely



Gail Pilling  
Financial Administrator

xc: U/G/upb.fl