

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90486 037 \*\*\*150.00

**DOCUMENT # F97000003274**

1. Entity Name  
**2660 GULF TO BAY BOULEVARD, INC.**

Principal Place of Business <b>8008 CEDAR SPRINGS RD          SUITE 100          DALLAS TX 75235          US</b>	Mailing Address <b>PO BOX 36122          DALLAS TX 75235          US</b>
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120114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4950 Keller Springs Rd          Suite, Apt. #, etc.          Suite 220</b>	3. Mailing Address <b>4950 Keller Springs Rd          Suite, Apt. #, etc.          Suite 220</b>
City & State <b>ADDISON TX</b>	City & State <b>ADDISON TX</b>

4. FEI Number <b>75-2513540</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>75001</b>	Country <b>USA</b>	Zip <b>75001</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND DR.  
 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 \$150.00**  
**After MAY 1, 2001 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	<b>D</b> <b>LAWHORNE, DONALD R</b> <b>12655 N. CENTRAL EXPY., #710</b> <b>DALLAS TX 75243</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TALKINGTON, SAM</b> <b>8008 CEDAR SPRINGS SUITE 100</b> <b>DALLAS TX 75235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<b>2435 N. CENTRAL EXPY. Suite 200</b> <b>Richardson TX 75080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4950 Keller Springs Rd, Suite 220</b> <b>ADDISON TX 75001</b>	<input checked="" 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.

SIGNATURE: **2-16-01** **972-789-1890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)