

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002094

1. Entity Name
WHCMB, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90100 040 ***150.00

Principal Place of Business
725 HARBOUR ISLAND BLVD
TAMPA FL 33602
US

Mailing Address
1950 STEMMONS FREEWAY
SUITE 6001
DALLAS TX 75207
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **75-2636075**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENTLEY, LESLIE	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, BEVERLY M	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MAHONEY, RICHARD L	
STREET ADDRESS	1950 STEMMONS FREEWAY, STE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Waggoner	
STREET ADDRESS	1950 SteMMons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	Judy Hendrick, P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP & Treasurer	
STREET ADDRESS	1950 SteMMons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	Melody Collins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	1950 SteMMons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Melody Mcadden Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

(214)
863-1099
Daytime Phone #

CR2E034 (10/00)