

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006038

1. Entity Name

DM WEEKLEY, INC.

FILED

Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90038 007 \*\*\*150.00

Principal Place of Business

1300 POST OAK BLVD., STE. 1000  
HOUSTON TX 77056

Mailing Address

1300 POST OAK BLVD., STE. 1000  
HOUSTON TX 77055-7211

2. Principal Place of Business

1111 N. Post Oak Road

3. Mailing Address

1111 N. Post Oak Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Houston, TX 77055

City & State

Houston, TX 77055

4. FEI Number

76-0519103

Applied For

Not Applicable

Zip

77055

Country

USA

Zip

77055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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 CPT  
NAME WEEKLEY, DAVID M  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

☐ Delete

TITLE VS  
NAME WEEKLEY, RICHARD  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change ☐ Addition

1111 N. Post Oak Road  
Houston, TX 77055

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change ☐ Addition

1111 N. Post Oak Road  
Houston, TX 77055

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

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 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

Date

Daytime Phone #