

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003769

1. Entity Name

DT-MIAMI GP MANAGER CORP.

06-23-2000 90106 044 ***150.00

FILED

00 AUG -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

Mailing Address

1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207-3107

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

4

City & State

4

City & State

4

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	C	<input type="checkbox"/> Delete
NAME	CARREKER, JAMES D	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAHONEY, RICHARD	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAYMOND, ANNE L	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORELAND, CARLA S	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOHLMANN, JOHN P	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOUSTON, BEVERLY M	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/00

214 863 1000

10/10/00 1:23