

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86252

1. Entity Name

LWC HOLDING CORP.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90003 010 \*\*\*150.00

Principal Place of Business

Mailing Address

770 S DIXIE HWY  
STE 250  
CORAL GABLES FL 33146  
US

PO BOX 141916  
CORAL GABLES FL 33114-1916  
US

2. Principal Place of Business

3. Mailing Address

500 N. Akard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2500

City & State

City & State

Dallas Tx

Zip

Country

Zip

Country

75201

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, GARY M.  
770 S DIXIE HWY  
CORAL GABLES FL 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete

NAME GREGORY, GARY M.  
STREET ADDRESS 770 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE EV ☒ Delete

NAME MACEWAN, BARRY W  
STREET ADDRESS 770 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☒ Delete

NAME HAYNES, JEFFREY J  
STREET ADDRESS 770 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLE FL

TITLE ST ☒ Delete

NAME LINARES, OTMARA B  
STREET ADDRESS 770 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Chairman - Director ☐ Change ☒ Addition

NAME Gary R. Griffith  
STREET ADDRESS 500 N. Akard, Suite 2500  
CITY-ST-ZIP Dallas Tx 75201

TITLE EVP, CFO, Sec. Treas - Director ☐ Change ☒ Addition

NAME C. Jeff Pan  
STREET ADDRESS 500 N. Akard, Suite 2500  
CITY-ST-ZIP Dallas Tx 75201

TITLE SVP ☐ Change ☒ Addition

NAME Stephanie D. Bowman  
STREET ADDRESS 500 N. Akard, Suite 2500  
CITY-ST-ZIP Dallas, Tx 75201

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

412-00 214-740-2727

CR2E034 (9/99)