

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000294

1. Entity Name

FCH/DT LEASING II, L.L.C.

Principal Place of Business

545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING TX 75062

Mailing Address

545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING TX 75062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2709533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
COCORAN, THOMAS J JR.
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING TX 75062 ☐ Delete

TITLE NAME ~~MGR~~
~~CHURCHHEY, RANDALL L~~
STREET ADDRESS ~~545 EAST JOHN CARPENTER FREEWAY, STE. 1300~~
CITY-ST-ZIP ~~IRVING TX 75062~~ ☒ Delete

TITLE NAME MGR
ROBINSON, LAWRENCE D
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING TX 75062 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
COCORAN, Thomas J. Jr.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
400003342534--5
STREET ADDRESS -08/01/00--01080--009
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-18-2000

972.444.4900

Thomas J. Cocoran, Jr. MANAGER

CR2E083 (5/00)