

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001902

1. Entity Name

WEC 99I-10 LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

Mailing Address

15601 DALLAS PARKWAY, SUITE 400  
DALLAS TX 75001

15601 DALLAS PARKWAY, SUITE 400  
DALLAS TX 75001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2850518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME LESLIE, JAMES C  
STREET ADDRESS 15601 DALLAS PARKWAY, SUITE 400  
CITY-ST-ZIP DALLAS TX 75001

☐ Change ☐ Addition  
000003418030--7  
-10/09/00--01015--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME BRYAN, A. BRANT  
STREET ADDRESS 15601 DALLAS PARKWAY, SUITE 400  
CITY-ST-ZIP DALLAS TX 75001

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME ENGLAND, GREG L  
STREET ADDRESS 15601 DALLAS PARKWAY, SUITE 400  
CITY-ST-ZIP DALLAS TX 75001

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME SHIPLEY, DAVID H  
STREET ADDRESS 708 TWIN CREEKS DRIVE  
CITY-ST-ZIP ALLEN TX 75013

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME FULLERTON, CLIFFORD T  
STREET ADDRESS 121 LACOSTA COURT  
CITY-ST-ZIP GARLAND TX 75044

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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**

SEP 28 2000

(972) 361-5000

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

Date

Daytime Phone #