

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001908

1. Entity Name

WEC 99I-14 LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 22 AM 10:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

15601 DALLAS PKWY.

Suite, Apt. #, etc.

SUITE 400

City & State

ADDISON, TX.

Zip

75001

Country

USA

3. Mailing Address

15601 DALLAS PKWY.

Suite, Apt. #, etc.

SUITE 400

City & State

ADDISON, TX.

Zip

75001

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2850534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE CORPORATION TRUST COMPANY  
660 EAST JEFFERSON 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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JUL 31 2000

Date

Daytime Phone #

(972) 361-5000

CR2E083 (11/99)