2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 738450** 1. Entity Name WESTMINSTER SHORES, INC. 04-26-2001 90286 015 ****70.00 Principal Place of Business Mailing Address 80 W LUÇERNE CIR 80 W LUCERNE CIR ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0714826 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KEITH, HENRY T 80 W LUCERNE CIR ORLANDO FL 32801 City Zio 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 DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE D/S DYE, STEPHEN NAME NAME 80 WEST LUCERNE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE ☐ Addition EMERSON, JAMES F NAME STREET ADDRESS 80 W LUCERNE CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KEITH, HENRY T NAME NAME STREET ADDRESS 80 W LUCERNE CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY - ST- ZIE Delete PD TITLE Change **X** Addition TITLE P/DSHANNON, EUGENIA R NAME NAME Hull, C. William 80 West Lucerne Circle STREET ADDRESS STREET ADDRESS 80 WEST LUCERNE CIRCLE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32801 Orlando, FL 32801 AS TITLE Change ☐ Addition TITLE ☐ Delete SMAAGE, DONNA M NAME NAME STREET ADDRESS STREET ADDRESS **80 LUCERNE CIR**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with an address, with all other like empowered. changed, or on an attachmer

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

ORLANDO FL 32801

ORLANDO FL 32801

FERGUSON, REV HARRY

80 WEST LUCERNE CIRLCE

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donna M. Smaage Dayline Phone #

☐ Delete

Change

☐ Addition