# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 14, 2000 8:00 am**
**Secretary of State**
09-14-2000 90014 030 ****61.25

DOCUMENT # N42015

1. Entity Name

WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1512 E BROWARD BLVD<br>SUITE 200<br>FT LAUDERDALE FL 33301 | 1512 E BROWARD BLVD<br>SUITE 200<br>FT LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 515 E. Las Olas Blvd | 515 E. Las Olas Blvd. |
| Suite, Apt. #, etc.: 900 | Suite, Apt. #, etc.: 900 |
| City & State: Ft. Lauderdale, FL | City & State: Ft. Lauderdale, FL |
| Zip: 33301 Country: Broward | Zip: 33301 Country: Broward |

4. FEI Number: 65-0339822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCCRORY, J. WALTER ESQ<br>1512 E BROWARD BLVD<br>SUITE 200<br>FT LAUDERDALE FL 33301 | Name: Wayne M. Pathman<br>Street Address (P.O. Box Number is Not Acceptable): 2 South Biscayne Blvd<br>Suite 2400<br>City: Miami FL Zip Code: 33131 |

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 _____ Wayne M. Pathman 9/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 13, 2000 min. will be $236.25**

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCCRORY, J WALTER<br>1512 E BROWARD BLVD #200<br>FT LAUDERDALE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Terry Taylor, PSTD<br>515 E. Las Olas Blvd, Suite 900<br>Ft. Lauderdale, FL 33301 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>RYAN, THOMAS J III<br>2320 NE 9TH STREET #300<br>FT LAUDERDALE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Cory Fairbanks, Director<br>515 East Las Olas Blvd, Suite 900<br>Ft. Lauderdale, FL 33301 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FISHER, RANDLOPH R<br>1791 S E 10 STREET<br>FT LAUDERDALE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Carol Ciener, Director<br>515 E. Las Olas Blvd, Suite 900<br>Ft. Lauderdale, Fl 33301 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAYNE, JOHN H<br>1028 NE 45TH ST<br>FT LAUDERDALE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/00)

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 9/12/00 954 527 4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #