

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-27-2001 90326 035 ****61.25

31296

DO NOT WRITE IN THIS SPACE

DOCUMENT # N42015

1. Entity Name

WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC. ✓

Principal Place of Business

515 E. LAS OLAS BOULEVARD
 SUITE 900
 FORT LAUDERDALE, FL 33301

Mailing Address

515 E LAS OLAS BOULEVARD
 SUITE 900
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATHMAN, WAYNE M
 2 SOUTH BISCAYNE BLVD
 SUITE 2400
 MIAMI, FL 33131

Name
 TAYLOR, TERRY

Street Address (P.O. Box Number is Not Acceptable)
 515 EAST LAS OLAS BOULEVARD

SUITE 900

City
 FORT LAUDERDALE

FL

Zip Code
 33301

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME MCCRORY, J WALTER
 STREET ADDRESS 1512 E BROWARD BLVD #200
 CITY-ST-ZIP FT LAUDERDALE, FL

TITLE PD ☒ Change ☐ Addition
 NAME TERRY TAYLOR
 STREET ADDRESS 515 EAST LAS OLAS BOULEVARD, SUITE 900
 CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33301

TITLE DST ☐ Delete
 NAME RYAN, THOMAS J III
 STREET ADDRESS 2320 NE 9TH STREET #300
 CITY-ST-ZIP FT LAUDERDALE, FL

TITLE D ☒ Change ☐ Addition
 NAME CORY FAIRBANKS
 STREET ADDRESS 5401 WEST SAMPLE ROAD
 CITY-ST-ZIP COCONUT CREEK, FLORIDA 33073

TITLE D ☐ Delete
 NAME FISHER, RANDLOPH R
 STREET ADDRESS 1791 SE 10 STREET
 CITY-ST-ZIP FT LAUDERDALE, FL

TITLE D ☒ Change ☐ Addition
 NAME CAROL CTENER
 STREET ADDRESS 515 EAST LAS OLAS BOULEVARD, SUITE 900
 CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33301

TITLE D ☒ Delete
 NAME PAYNE, JOHN H
 STREET ADDRESS 1028 NE 45TH ST
 CITY-ST-ZIP FT LAUDERDALE, FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TERRY TAYLOR

3/9/01

954-527-4420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)