

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90140 031 ****70.00

DOCUMENT # N96000000974

1. Entity Name

WESTPOINTE BUSINESS PARK ASSOCIATION, INC.

Principal Place of Business

**2525 "C" STREET
 SUITE 500
 ANCHORAGE AL 99509**

Mailing Address

**2525 "C" STREET
 SUITE 500
 ANCHORAGE AL 99509 - 3330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 "C" STREET

3. Mailing Address

2525 "C" STREET

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

ANCHORAGE AK 99503-2689

City & State

ANCHORAGE AK 99503-2689

4. FEI Number

65-0747927

Applied For

Not Applicable

Zip

99503-2689

Country

Zip

99503-2689

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALTMAN, STUART H
 100 SE 2ND ST
 17TH FLOOR
 MIAMI FL 33131**

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 \$61.25

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	D MCGEE, KIRK S 2525 "C" STREET SUITE 500 ANCHORAGE AL 99509	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BECK, RICHARD W 2525 "C" STREET SUITE 500 ANCHORAGE AL 99509	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALTMAN, STUART H 100 SE 2ND ST 17TH FLOOR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLINGHAM, ROBERT 3526 SPOTSWOOD AVE. MEMPHIS TN 38111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Secretary Linda Gonzalez	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cid Abreu	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2525 "C" STREET SUITE 500 ANCHORAGE AK 99503-2689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2525 "C" STREET SUITE 500 ANCHORAGE AK 99503-2689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *Richard Beck* **Richard Beck**

APR 2 - 2002

Date

Daytime Phone #

X 907 274-8638

CR2E037 (9/01)