

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002522

1. Entity Name

WESTLAND COMMUNITIES ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90048 033 ****70.00

Principal Place of Business 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256	Mailing Address 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256-7937
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3450609	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent YOUNG, JAMES R 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D STAPP, MARK	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6106 SOUTH 32ND STREET			NAME		
PHOENIX AZ 85040			STREET ADDRESS		
D YOUNG, JAMES R	<input type="checkbox"/> Delete		CITY-ST-ZIP		
9471 BAYMEADOWS ROAD, SUITE 403			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
JACKSONVILLE FL 32256			NAME		
D HOWELL, WILLIAM R II	<input type="checkbox"/> Delete		STREET ADDRESS		
300 W ADAMS ST, STE 440			CITY-ST-ZIP		
JACKSONVILLE FL 32202			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		NAME		
			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-ST-ZIP		
			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		NAME		
			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-ST-ZIP		
			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		NAME		
			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-ST-ZIP		

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: SIG James R Young James R Young 2-21-00 904-731-9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)