

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35044

1. Entity Name

WESTBAY MORTGAGE CO.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90019 001 ***300.00

Principal Place of Business Mailing Address
33825 U.S. HWY. 19 N. 33825 U.S. HWY. 19 N.
PALM HARBOR FL 34684 PALM HARBOR FL 34684-2643
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2744579 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

TRACY, JOHN
3869 NOTTINGHAM DR
TARPON SPRINGS FL 34689

Name Tracy, John A.
Street Address (P.O. Box Number is Not Acceptable)
33825 U.S. Hwy. 19 N.
City Palm Harbor FL Zip Code 34684

6. 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, 2000 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 DPT
NAME TRACY, JOHN
STREET ADDRESS 3869 NOTTINGHAM DR
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE DPT
NAME Tracy, John A.
STREET ADDRESS 33825 U.S. Hwy. 19 N.
CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☐ Addition

TITLE DVS
NAME TRACY, MARILYN
STREET ADDRESS 3869 NOTTINGHAM DR
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE DVS
NAME Tracy, Marilyn
STREET ADDRESS 33825 U.S. Hwy. 19 N.
CITY-ST-ZIP Palm Harbor, FL 34684 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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: *John A. Tracy*
JOHN A. TRACY PRESIDENT

4/10/00

Date

727-771-8880

Daytime Phone #

CR2E034 (9/99)