

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 512915

1. Entity Name

WESTBY FEEDLOT CORPORATION

Principal Place of Business

BOX 1337  
ZOLFO SPRINGS FL 33890  
US

Mailing Address

BOX 1337  
ZOLFO SPRINGS FL 33890-1337  
US

2. Principal Place of Business

1710 LAKE GROVES ROAD NW

Suite, Apt. #, etc.

3. Mailing Address

1710 LAKE GROVES ROAD NW

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS

4. FEI Number

59-1696235

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

GODWIN, WAYNE  
1284 SWEETWATER ROAD  
ZOLFO SPRINGS FL 33890

Name  
L. WAYNE GODWIN

Street Address (P.O. Box Number is Not Acceptable)

1710 LAKE GROVES ROAD NW

City

LAKE PLACID

FL

Zip Code

33852

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

4-3-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CASPERSEN, FINN M W  
268 MAIN STREET  
GLADSTONE NJ 07934

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GODWIN, LEONARD D  
5401 STATE ROAD 70 WEST  
LAKE PLACID FL

☐ Delete

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 207, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/00

973-786-5354



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)