

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90080 001 \*\*\*300.00

**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
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2. Principal Place of Business <b>1710 LAKE GROVES ROAD NW</b>	3. Mailing Address <b>1710 LAKE GROVES ROAD NW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE PLACID, FL</b>	City & State <b>LAKE PLACID, FL</b>	4. FEI Number <b>59-1696235</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33852</b>	Country <b>HIGHLANDS</b>	Zip <b>33852</b>	Country <b>HIGHLANDS</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>GODWIN, WAYNE</b> <b>1284 SWEETWATER ROAD</b> <b>ZOLFO SPRINGS FL 33890</b>	7. Name and Address of New Registered Agent Name <b>L. WAYNE GODWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1710 LAKE GROVES ROAD NW</b> City <b>LAKE PLACID FL</b> Zip Code <b>33852</b>
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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 DATE **4-3-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODWIN, LEONARD D 5401 STATE ROAD 70 WEST LAKE PLACID FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/8/00** 973-786-5354

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)