

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759198

1. Entity Name

HIGH POINT WEST NO. 1 APPLIANCE SERVICE ASSOCIAT

Principal Place of Business

5230 LAKE FRONT BLVD  
DELRAY BEACH FL 33484-2620

Mailing Address

5230 LAKE FRONT BLVD  
DELRAY BEACH FL 33484-2620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2110249

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

WESTREICH, WILLIAM  
14260D NESTING WAY  
DELRAY BEACH FL FL 33484

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 PD  
NAME WESTREICH WILLIAM  
STREET ADDRESS 14260 D NESTING WAY  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AT  
NAME BEHAR, HAL  
STREET ADDRESS 14339A CANALVIEW DR  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME DORFELD, ARNOLD  
STREET ADDRESS 5360B LAKEFRONT BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME LEAVITT, JOSEPH  
STREET ADDRESS 5078 D LAKEFRONT BLVD  
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HUGO, MARTHA  
STREET ADDRESS 14319C CANALVIEW DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90021 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)