

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 827984**

1. Entity Name

**WESTBY CORPORATION**

Principal Place of Business

Mailing Address

STATE RD 70 W  
 PLACID FL 33852

PO BOX 800  
 ANDOVER NJ 07821-0800  
 US

2. Principal Place of Business

3. Mailing Address

1710 Lake Groves Road NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

4. FEI Number

**51-0115384**

Applied For

Not Applicable

Zip

33852

Country

HIGHLANDS

Zip

Country

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

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	CD	<input type="checkbox"/> Delete
NAME	CASPERSEN, FINN M.W.	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	CASPERSEN, BARBARA M.	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASPERSEN, FINN M.W. JR.	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASPERSEN, ERIK M.W.	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEEGAN, LUCILLE	
STREET ADDRESS	268 MAIN STREET	
CITY-ST-ZIP	GLADSTONE NJ 07934	
TITLE	V	<input type="checkbox"/> Delete
NAME	GODWIN, L. WAYNE	
STREET ADDRESS	1284 SWEETWATER ROAD	
CITY-ST-ZIP	ZOLFO SPRINGS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. WAYNE GODWIN	
STREET ADDRESS	1710 LAKE GROVES ROAD NW	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)