

2000 UNIFORM BUSINESS REPORT (UBR)

0018821 1

DOCUMENT # A07630

1. Entity Name
WESTGATE, LTD.

Principal Place of Business: **3740 BEACH BLVD., SUITE 300, POST OFFICE BOX 47050, JACKSONVILLE FL 32247**

Mailing Address: **3740 BEACH BLVD., SUITE 300, POST OFFICE BOX 47050, JACKSONVILLE FL 32247-7050**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 AM 11:04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-1991279**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DEMETREE, JACK C.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$365,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L98000003512
NAME	JCD WESTGATE, L.L.C.
STREET ADDRESS	3740 BEACH BLVD, STE-300
CITY - ST - ZIP	JACKSONVILLE FL
DOCUMENT #	L98000003513
NAME	WCD WESTGATE, L.L.C.
STREET ADDRESS	3740 BEACH BLVD, STE-300
CITY - ST - ZIP	JACKSONVILLE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	200003156082---2
CITY - ST - ZIP	05/03/00 01024-016
	****535.00 ****535.00
STREET ADDRESS	<i>mf 3/1/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *J. M. Demeter* **REQUIRED** 2/10/00 904/398-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)