

2001 UNIFORM BUSINESS REPORT (UBR)

0001894 AF

DOCUMENT # **A98000001881**

1. Entity Name

WESTGATE FUNDING I, LTD.

FILED
01 JUN 19 AM 9:19

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**C/O MICHAEL MARDER
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO FL 32801**

Mailing Address

**C/O MICHAEL MARDER
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO FL 32801**

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

59-3531150

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

WESTGATE GENERAL FUNDING I, INC.

C/O MICHAEL MARDER

135 WEST CENTRAL BLVD., SUITE 1100

ORLANDO FL 32801

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

9. Capital Contributions

\$2,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000068448**
NAME **WESTGATE GENERAL FUNDING I, INC.**
STREET ADDRESS **135 WEST CENTRAL BLVD., SUITE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY-ST-ZIP

400004437554-7

-06/22/01--01078--007

******526.25 ****526.25**

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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:

Thomas J. [Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

407 351 3350

Daytime Phone #

CR2E003 (11/00)