2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001532

1. Entity Name

WEST POINTE VILLAS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 9:37

Principal Place of Business	Mailing Address
3300 SOUTH HIAWASSEE ROAD. SUITE 107 ORLANDO FL 32835	P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 N. HIGHLAND AVE	
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32803 Country: USA	Zip Country

4. FEI Number 59-3601519 ☐ 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
B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$50.00		

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 #	P99000083405	STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
NAME	WEST POINTE VILLAS, INC.	CITY-ST-ZIP	ORLANDO, FL 32803
STREET ADDRESS	3300 SOUTH HIAWASSEE ROAD, SUITE 107		
CITY-ST-ZIP	ORLANDO FL 32835		
DOCUMENT #		STREET ADDRESS	100003164731--5
NAME		CITY-ST-ZIP	-03/10/00--01015--005 ******8.75 ******8.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100003164731--5
NAME		CITY-ST-ZIP	-03/10/00--01015--006 ****141.25 ****141.25
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	BK
NAME		CITY-ST-ZIP	3/3/00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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

WEST POINTE VILLAS, INC. G.P.

SIGNATURE: SIGNATURE REQUIRED 2/23/00 407-297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STEVEN G. KROPP, PRESIDENT