

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001569

1. Entity Name

WESTGATE FUNDING II, LTD.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O GREENSPOON, MARDER, ET AL
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO FL 32801

Mailing Address
C/O GREENSPOON, MARDER, ET AL
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO FL 32801-2478

2. Principal Place of Business
5601 Windhover Drive
Suite, Apt. #, etc.

3. Mailing Address
5601 Windhover Dr
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number
59-3605354

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WESTGATE GENERAL FUNDING II, INC.
C/O GREENSPOON, MARDER, ET AL
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO FL 32801

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 _____ 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. \$170,462,707.28

10. Amount of Capital Contributions in FLORIDA to date. 0

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 #	P99000085172	STREET ADDRESS	100003286941--3
NAME	WESTGATE GENERAL FUNDING II, INC.	CITY - ST - ZIP	-06/13/00--01045--020
STREET ADDRESS	135 WEST CENTRAL BLVD., SUITE 1100		****141.25 ****141.25
CITY - ST - ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *Thomas J. [Signature]* 5/1/00 4073573350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED (5/1/00)