

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90021 021 \*\*\*150.00

**DOCUMENT # F47305**

1. Entity Name  
**WESTGATE INVESTMENTS, INC.**

Principal Place of Business

**713 GULF BREEZE PARKWAY  
GULF BREEZE FL 32501**

Mailing Address

**P. O. BOX 2295  
PENSACOLA FL 32513-2295  
US**

2. Principal Place of Business

**5985 TONAWANDA DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 2295**

Suite, Apt. #, etc.

City & State

**PENSACOLA FLORIDA**

City & State

**PENSACOLA FLORIDA**

Zip

**32506**

Country

**USA**

Zip

**32513-2295**

Country

**USA**

4. FEI Number

**59-2135803**

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

**GILLMORE, FREDERICK III  
713 GULF BREEZE PARKWAY 5985 TONAWANDA DR.  
GULF BREEZE FL 32501 PENSACOLA FL 32506**

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. 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GILMORE, FREDERICK III<br>713 GULF BREEZE PARKWAY<br>GULF BREEZE FL 32501 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>ROSS, AUBREY L<br>713 GULF BREEZE PARKWAY<br>GULF BREEZE FL 32501        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GILLMORE, FREDERICK III<br>5985 TONAWANDA DRIVE<br>PENSACOLA FL 32506 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>ROSS, AUBREY L.<br>5985 TONAWANDA DRIVE<br>PENSACOLA FL 32506        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-01 (850) 455-3831**

Date

Daytime Phone #

CR2E034 (10/00)