

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90032 040 ***150.00

DOCUMENT # F97000000465

1. Entity Name
WESTPORT CAPITAL MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

**ONE GLENDINNING PL.
WESTPORT CT 06880**

**ONE GLENDINNING PL.
WESTPORT CT 06880**

2. Principal Place of Business

301 YAMATO RD

3. Mailing Address

301 YAMATO RD

Suite, Apt. #, etc.

SUITE 2200

Suite, Apt. #, etc.

SUITE 2200

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

6. Name and Address of Current Registered Agent

**MITCHELL, MARK H
301 YAMATO RD., STE. 2200
BOCA RATON FL 33431**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEDLACEK, VERNE O ONE GLENDINNING PLACE WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENTON, ELIZABETH ONE GLENDINNING PLACE WESTPORT CT 06880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOZAK, DAVID M ONE GLENDINNING PLACE WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEFFT, E L ONE GLENDINNING PLACE WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP DALTON, STEPHANIE A ONE GLENDINNING PLACE WESTPORT CT 06880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SHEEHAN, MATTHEW T ONE GLENDINNING PLACE WESTPORT CT 06880	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 YAMATO ROAD, SUITE 2200 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 YAMATO ROAD, SUITE 2200 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 YAMATO ROAD, SUITE 2200 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: David M. Kozak David M. Kozak

1-17-01 501 241-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)