

2001 UNIFORM BUSINESS REPORT (UBR)

05/15/04

DOCUMENT # F98000003944

1. Entity Name

WINSTON PARK CENTER, INC.

FILED

01 FEB -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660

Mailing Address
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0825666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation FL 33324

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

DATE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HUBBS, DAVID K
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003656875
-02/08/01--01004--003
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAVANAUGH, JEFFREY S
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
SULLIVAN, LAWRENCE K
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BRUSH, DAVID R
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Secretary
Scott W. Amling
800 Newport Center Drive #300
Newport Beach, CA 92660 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GUY, CHRISTOPHER L
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCUGGS, PATRICK M
800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

David K. Hubbs, President 1/15/01 949-219-5000

Date

Daytime Phone #

CR2E034 (10/00)