

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 006 ***158.75

DOCUMENT # F98000006481
 1. Entity Name
URBAN WEST MANAGEMENT, INC.

Principal Place of Business
4830 WEST KENNEDY BLVD., STE. 740
TAMPA FL 33609

Mailing Address
4830 WEST KENNEDY BLVD., STE. 740
TAMPA FL 33609

60033486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4890 W. Kennedy Boulevard
 Suite, Apt. #, etc.
Suite #850

3. Mailing Address
4890 W. Kennedy Boulevard
 Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip **33609-1863** Country **USA**

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4. FEI Number **59-3308046** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSS, SAMUEL K
4830 WEST KENNEDY BLVD., STE. 740
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4890 W. Kennedy Boulevard
Suite #850
 City **Tampa** **FL** Zip Code **33609-1863**

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 _____ (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	DP BRAY, JACK H 4830 WEST KENNEDY BLVD., STE. 740 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSS, SAMUEL K 4830 WEST KENNEDY BLVD., STE. 740 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GREEN, DANIEL B 4830 WEST KENNEDY BLVD., STE. 740 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, DALE A 4830 WEST KENNEDY BLVD., STE. 740 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFFER, JOHN H 3 IMPERIAL PROMENADE, STE. 100 SANTA ANA CA 92707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THURTELL, STEPHEN 3 IMPERIAL PROMENADE, STE. 100 SANTA ANA CA 92707 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 IMPERIAL PROMENADE, SUITE 150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2220 DOUGLAS BLVD., SUITE 290 ROSEVILLE, CA 95661

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: Samuel K. Ross Date: 4-25-2001 Daytime Phone #: 813-286-4140

CR2E034 (10/00)