

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003512

1. Entity Name

WESTCROWNS, INC.

Principal Place of Business

477 SUMMERFIELD WAY  
VENICE FL 34292

Mailing Address

477 SUMMERFIELD WAY  
VENICE FL 34292-3184

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARD, GEOFFREY C  
477 SUMMERFIELD WAY  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2136695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HARAN, JOHN WILLIAM	
STREET ADDRESS	CARSAIG, 25 NEWTYLE ROAD	
CITY-ST-ZIP	PAISLEY, RENFREWSHIRE PA1 -3JU	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARAN, JOHN FRASER	
STREET ADDRESS	19 POTTERHILL AVENUE	
CITY-ST-ZIP	PAISLEY, RENFREWSHIRE PA2 -8BA	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARD, GEOFFREY C	
STREET ADDRESS	477 SUMMERFIELD WAY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRIGHT, SAM	
STREET ADDRESS	629 MILLSLOUGH LANE SW	
CITY-ST-ZIP	SUNSET BEACH NC 28468-4234	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, ELAINE	
STREET ADDRESS	629 MILLSLOUGH LANE SW	
CITY-ST-ZIP	SUNSET BEACH NC 28468-4234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Elaine S. LeDuff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-2000 910-579-4441

Daytime Phone #

CR2E034 (9/99)