

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90338 046 \*\*\*150.00

DOCUMENT # H73720

1. Entity Name

WEBSTER INVESTMENTS, INC.

Principal Place of Business

121 E MORSE BLVD  
WINTER PARK FL 32789  
US

Mailing Address

121 E MORSE BLVD  
WINTER PARK FL 32789  
US

2. Principal Place of Business

981 Mayfield Ave  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2210  
Winter Park, FLA

City & State

Winter Park

City & State

Winter Park, FLA

Zip

FL 32789

Country

ORANGE

Zip

32789

Country

ORANGE

6. Name and Address of Current Registered Agent

COHEN, JAY M  
121 E MORSE BLVD  
SUITE 4  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Sam E

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

981 Mayfield Ave.

City

Winter Park

FL

Zip Code

32789

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

2-20-01

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	DP	<input type="checkbox"/> Delete
NAME	COHEN, JAY M.	
STREET ADDRESS	125 E. WEBSTER STREET	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COHEN, HILLARY S.	
STREET ADDRESS	125 E. WEBSTER STREET	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAPLAN, LESLIE A.	
STREET ADDRESS	5150 OAK HILL DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	981 Mayfield Ave	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	981 Mayfield Ave	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY M. Cohen

2-20-01

Date

407-644-1181

Daytime Phone #

CR2E034 (10/00)