

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90236 028 ***550.00

0087572 AV

DOCUMENT # K51340

1. Entity Name
WESTLAKE, INC.

*CL# 109
 7-10-01*

Principal Place of Business

**4007 61ST ST W
 BRADENTON FL 34209
 US**

Mailing Address

**1537 7TH AVE W.
 BRADENTON FL 34205
 US**



2. Principal Place of Business

**5300 GULF DRIVR
 Suite, Apt. #, etc.
 306**

3. Mailing Address

110 ROARING ROCKS RD

DO NOT WRITE IN THIS SPACE

City & State

HOLMES BEACH, FLA

City & State

UPPER BLACK EDDY, Pa

4. FEI Number

65-0092551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWAN III, WILLIAM W
 4007 61ST ST W
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name

LARRY E GEIST

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

5300 GULF DRIVR

City

HOLMES BEACH

FL

Zip Code

34217

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]

LARRY E. GEIST

7-10-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **VP** ☒ Delete
 NAME **SWAN, WILLIAM**
 STREET ADDRESS **4407 61ST STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **P** ☐ Delete
 NAME **GEIST, LARRY E**
 STREET ADDRESS **110 ROARING ROCKS RD.**
 CITY-ST-ZIP **UPPER BLACK EDDY PA 18972**

TITLE **VP** ☐ Delete
 NAME **Patricia Geist**
 STREET ADDRESS **110 ROARING ROCKS RD.**
 CITY-ST-ZIP **UPPER BLACK EDDY PA 18972**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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]* **SIGNATURE REQUIRED LARRY E GEIST**

7-10-01

Date

Daytime Phone #

610-294-9392

CR2E034 (5/01)