

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90068 024 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002107

1. Entity Name

WEST FINANCIAL, L.C.

Principal Place of Business

205 E CENTRAL BLVD  
 SUITE 601  
 ORLANDO FL 32801

Mailing Address

205 E CENTRAL BLVD  
 SUITE 601  
 ORLANDO FL 32801

71189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 S. Orange Avenue

Suite, Apt. #, etc.  
 Suite 500

City & State  
 Orlando, FL

Zip  
 32801

Country  
 US

3. Mailing Address

455 S. ORange Avenue

Suite, Apt. #, etc.  
 Suite 500

City & State  
 Orlando, FL

Zip  
 32801

Country  
 US

4. FEI Number 59-3631373

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROCOCK, J. BENNETT ESO  
 205 E CENTRAL BLVD  
 SUITE 601  
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
 The Business Law Group  
 Street Address (P.O. Box Number is Not Acceptable)  
 455 S. Orange Avenue  
 Suite 500  
 City  
 Orlando FL Zip Code  
 32801

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

J. Bennett Grocock Pres. 1/24/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 GROCOCK, J. BENNETT  
 205 E CENTRAL BLVD SUITE 601  
 ORLANDO FL 32801 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Grocock, J. Bennett  
 455 S. ORange Avenue, Suite 500  
 Orlando, FL 32801 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

J. Bennett Grocock, Mgr. 1/24/2002 407-422-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (9/01)