

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008665

1. Entity Name

W.P. PARK WEST, L.L.C.

Principal Place of Business

2105 N. PARK AVENUE  
WINTER PARK FL 32789

Mailing Address

2105 N. PARK AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

350 Carolina Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2150

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip  
32789

Country  
USA

City & State

Winter Park, Florida

Zip  
32790

Country  
USA

4. FEI Number

59-3659524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRASBERG, LESLIE S  
2105 N. PARK AVENUE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

350 Carolina Avenue

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)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004423486-6

-06/18/01--01012--003

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
LESLIE S. STRASBERG  
350 CAROLINA AVE  
WINTER PARK, FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP  
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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:

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

Date

Daytime Phone #

4/25/01 629-7371

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CR2E083 (11/00)