

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 035 ****61.25

DOCUMENT # LD1000015613

1. Entity Name Westlake Elementary School, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5499 SW 82nd Ave.

Suite, Apt. #, etc.

3. Mailing Address

5499 SW 82nd Ave.

Suite, Apt. #, etc.

City & State
Davie FL 33328

City & State
Davie FL

Zip
33328

Country
USA

Zip
33328

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name William D. Pepitone II

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

5499 SW 82nd Ave

City Davie

FL

Zip Code
33328

**DO NOT WRITE
IN THIS SPACE**

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

Dr. William D. Pepitone II

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2002

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M.D.
Dr. William D. Pepitone II
5499 SW 82nd Ave.
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bryan K. Pepitone Sr.
7120 NW 11th Ct.
Plantation, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
William B. Pepitone III
5499 SW 82nd Ave.
Davie

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Brett A. Pepitone
5499 SW 82nd Ave
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
Ashley J. Pepitone
5499 SW 82nd Ave
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. William D. Pepitone II

4/25/2002 (954) 236-2300