

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000844

1. Entity Name

WESTMINSTER CAPITAL COMPANY, L.C.

Principal Place of Business

980 NORTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432-2704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0747300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COMPARATO, ROBERT
980 NORTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003239760--6
-05/04/00--01076--017
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MEM ☐ Delete
COMPARATO, ROBERT
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME MEM ☐ Delete
COMPARATO, ANTHONY
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME MEM ☐ Delete
SCHECHER, GREG E
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME MEM ☐ Delete
COMPARATO, MICHAEL
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME MEM ☐ Delete
COMPARATO, JEFFREY
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

Robert Comparato

4-12-00

561-391-7000