

2001 UNIFORM BUSINESS REPORT (UBR)

0014741 AF

DOCUMENT # L96000000844

1. Entity Name
WESTMINSTER CAPITAL COMPANY, L.C.

FILED *WJ*
01 MAY 24 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0747300		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COMPARATO, ROBERT 980 NORTH FEDERAL HIGHWAY, SUITE 400 BOCA RATON FL 33432				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

400004422534--6
-06/15/01--01062--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPARATO, ROBERT		NAME		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	MEM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPARATO, ANTHONY		NAME		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	MEM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHER, GREG E		NAME		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPARATO, MICHAEL		NAME		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPARATO, JEFFREY		NAME		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Robert Comparato* **5/21/01** (560) 391-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)