

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001035

1. Entity Name

WINFIELD CAPITAL HOLDINGS, L.C.

APPROVED  
AND  
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10228 NORTHWEST 63RD DRIVE  
PARKLAND FL 33076

Mailing Address

10228 NORTHWEST 63RD DRIVE  
PARKLAND FL 33076-2350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23101 Powerline Road

Suite, Apt. #, etc.

Suite 304

City & State

Boca Raton FL

Zip

33433

Country

Palm Beach

3. Mailing Address

Same as 2.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0780984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENTON, DEBRA

10228 NORTHWEST 63RD DRIVE  
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

Cory B. Nass

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

1801 Clint Moore Rd

Suite 100

City

Boca Raton

FL

Zip Code

33487

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

*Cory B. Nass*

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

(NOTE: Registered Agent signature required when reinstating)

5/4/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME DENTON, DEBRA  
STREET ADDRESS 10228 NORTHWEST 63RD DRIVE  
CITY-ST-ZIP PARKLAND FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
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CITY-ST-ZIP

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TITLE  
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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 Denton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/4/00

Date

(561) 981-8000

Daytime Phone #

CR2E083 (9/99)