

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011446 AF

DOCUMENT # L98000002870

1. Entity Name
WESTPHAL, LLC

00 APR 18 AM 10:57

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Principal Place of Business: 6726 BRENTFORD RD, SARASOTA FL 34241

Mailing Address: 6726 BRENTFORD RD, SARASOTA FL 34241-5705



2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

4. FEI Number: 65-0883287 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MMN

6. Name and Address of Current Registered Agent
WESTPHAL, CHRISTOPHER
6726 BRENTFORD ROAD
SARASOTA FL 34241

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: _____ DATE: _____
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: WESTPHAL, CHRIS STREET ADDRESS: 6726 BRENTFORD ROAD CITY-ST-ZIP: SARASOTA FL 34241	<input type="checkbox"/> Delete	TITLE: 200003238942-9 NAME: -05/04/00--01010--004 STREET ADDRESS: *****50.00 CITY-ST-ZIP: *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: HEILLE, DIANE STREET ADDRESS: 6726 BRENTFORD ROAD CITY-ST-ZIP: SARASOTA FL 34241	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christopher Westphal* **WESTPHAL** 4-17-00 941 914 0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #