

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000167

1. Entity Name

WINDGATE SHOPPES, L.C.

FILED

01 APR 19 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

Mailing Address

701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

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

65-0897081

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

7. Name and Address of New Registered Agent

PITTS, W. DOUGLAS
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
CONROY APOPKA ASSOCIATES, LTD.
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

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

TITLE NAME ☐ Delete
MGR
WINDERMERE PROPERTY DEVELOPMENT, INC.
6100 DEACON DRIVE
WINDERMERE FL 34786

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Douglas H. Pitts, President, Conroy-Apopka Assoc. Ltd.

Date

Daytime Phone #

4/4/01

305-379-8467

CR2E083 (11/00)