

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000187

1. Entity Name
WESTGATE HOLDINGS, L.L.C.

Principal Place of Business Mailing Address
5870 WEST IRLO BRONSON MEMORIAL HIGHWAY 5870 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746 KISSIMMEE FL 34746-4718

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
65-0647193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RANDALL C
200 NORTH THORNTON AVENUE
ORLANDO FL 32801

Name
O'Neill, Bernard C. Esq
Street Address (P.O. Box Number is Not Acceptable)
200 E. Robinson St.
#865
City Orlando FL Zip Code 32801

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 *B. O'Neill*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS SMITH, RANDALL C
CITY- ST- ZIP 200 NORTH THORNTON AVENUE
ORLANDO FL 32801 ☒ Delete

TITLE NAME XXX
STREET ADDRESS Khurram Sheikh
CITY- ST- ZIP XXXXXXXXXXXXXXXXXX ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME XXX
STREET ADDRESS XXXXXXXXXXXXXXXXXX ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR
STREET ADDRESS KHURRAM SHEIKH
CITY- ST- ZIP 5870 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746-4718 ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR
STREET ADDRESS NADEEM BATTLA
CITY- ST- ZIP 5870 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746-4718 ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
8000003301878-00
-06/23/00--01002--021
*****50.00 *****50.00

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: *B. O'Neill*

SIGNATURE REQUIRED

4/25/00

407-396-6877

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

Date

Daytime Phone #

CR21081 (9/9/01)