

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90002 001 ****50.00

DOCUMENT # L99000000187

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



Principal Place of Business
**5870 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746**

Mailing Address
**P.O. BOX 421387
KISSIMMEE FL 34742-1387**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0647193**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BATTLA, NADEEM
10027 CANOPY TREE CT.
ORLANDO FL 32836**

Name **Brown, Don L.**
Street Address (P.O. Box Number is Not Acceptable)
200 N. Thornton Ave.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Don L. Brown

(NOTE: Registered Agent signature required when reinstating)

3-28-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **SHEIK, KHURRAM**
STREET ADDRESS **P.O. BOX 421060**
CITY-ST-ZIP **KISSIMMEE FL 34742**

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

TITLE **S** ☐ Delete
NAME **BATTLA, NADEEM**
STREET ADDRESS **P.O. BOX 421060**
CITY-ST-ZIP **KISSIMMEE FL 34742**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/03

Date

407-396-6677

Daytime Phone #

CR2E083 (10/02)