

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003096**

1. Entity Name

WESTLAKE PROFESSIONAL CENTER PARTNERS, LC

Principal Place of Business

235 SOUTH MAITLAND AVENUE, SUITE 216  
MAITLAND FL 32751

Mailing Address

235 SOUTH MAITLAND AVENUE, SUITE 216  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

WALKER, BERRY J JR.  
C/O WALKER AND ASSOCIATES, ATTORNEYS, P.A.  
235 MAITLAND AVENUE SOUTH, SUITE 216  
MAITLAND FL 32751

## 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

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/MANAGERS

## 10.

## ADDITIONS/CHANGES

TITLE  Delete  
NAME MURRAY, M. SHANE  
STREET ADDRESS 235 SOUTH MAITLAND AVENUE, SUITE 216  
CITY-ST-ZIP MAITLAND FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500003399165--9**  
-09/20/00-01022-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
 Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  
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 OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)