

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004708

1. Entity Name

WESTPORT HOUSING TAMPA, L.L.C.

Principal Place of Business

3801 PGA BLVD
SUITE 805
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BLVD
SUITE 805
PALM BEACH GARDENS FL 33410-2757

2. Principal Place of Business

12401 N. 22ND STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

33612

Country

US

Country

4. FEI Number

65-0937324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, ALYS NAGLER ESQ
GARY, DYTRYCH & RYAN, P.A.
701 US HWY ONE STE 402
N PALM BEACH FL 33408

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/MEMBERS

TITLE NAME MGR
STREET ADDRESS WESTPORT REALTY ADVISORS, LTD.
CITY- ST- ZIP 3801 PGA BLVD SUITE 805
PALM BEACH GARDENS FL 33410

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
6000003249996--8
-05/12/00--01024--016
*****50.00 *****50.00

TITLE NAME
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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 #

CR12E083 (9/99)