

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005899

1. Entity Name

WESTLAKE PROPERTY HOLDINGS, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 AM 10:02

Handwritten signature

Principal Place of Business

1399 WEST STATE ROAD 434
LONGWOOD FL 32750

Mailing Address

1399 WEST STATE ROAD 434
LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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 NAME ☐ Delete
MGR
MURRAY, MICHAEL E
STREET ADDRESS 1399 WEST STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32750

TITLE NAME ☐ Change ☐ Addition
000003399180--3
-09/20/00--01022--011
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
DEL RIO, JORGE
STREET ADDRESS 8002 PALM LAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGR
SIKES, FERNANDO
STREET ADDRESS 3339 STONEWOOD COURT
CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGR
PRIETO, MARIO
STREET ADDRESS 735 NORTH THORNTON AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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

9/11/2000
Date Daytime Phone #

CR2E083 (5/00)