

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008599

1. Entity Name

WESTGROUP LAPLAYA, LLC

Principal Place of Business

9891 GULF SHORE DRIVE
NAPLES FL 32301

Mailing Address

9891 GULF SHORE DRIVE
NAPLES FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

570 KIRKLAND WAY

Suite, Apt. #, etc.

SUITE 100

City & State

KIRKLAND, WA

Zip

98033

Country

US

FILED

00 DEC -4 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2015272

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900003499609-1

-12/13/00--01055--008

City

*****50.00 *****50.00
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

TITLE ~~MANAGING MEMBER~~ ☐ Delete
NAME PATRICK R. COLEE
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE ~~MANAGING MEMBER~~ ☐ Delete
NAME MICHAEL BENECKE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER ☐ Change ☒ Addition
NAME PATRICK COLEE
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE MANAGING MEMBER ☐ Change ☒ Addition
NAME MICHAEL BENECKE
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE MANAGING MEMBER ☐ Change ☒ Addition
NAME PHIL BROWN
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE MANAGING MEMBER ☐ Change ☒ Addition
NAME JOHN DONOGHUE
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE MANAGING MEMBER ☐ Change ☒ Addition
NAME PAT DYER
STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

TITLE ☐ Change ☐ Addition
NAME 900003499609-1
STREET ADDRESS -12/13/00--01055--009
CITY-ST-ZIP *****5.00 *****5.00

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:

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

9/28/00

Date

425-827-8737

Daytime Phone #

CR2E083 (5/00)