

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008766

DOCUMENT

1. Entity Name

WEST CITY LONGWOOD LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

c/o Carey Kramer Company
1840 N. Commerce Pkwy.
Suite 3
Weston, FL 33326

c/o Carey Kramer Company
1840 N. Commerce Pkwy.
Suite 3
Weston, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0996041

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

E. Lance Lehman
c/o Carey Kramer Company
1840 N. Commerce Pkwy.
Ste. 3
Weston, FL 33326

7. Name and Address of New Registered Agent

Name
Albert G. Rex
Street Address (P.O. Box Number is Not Acceptable)
1840 N. Commerce Pkwy.
Ste. 3
City
Weston **FL** Zip Code
33326

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

[Handwritten Signature: Albert G. Rex]

Albert G. Rex

4/28/00

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete E. Lance Lehman <i>mgrm</i> 1840 N. Commerce Pkwy., Ste. 3 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Albert G. Rex <i>mgrm</i> 1840 N. Commerce Pkwy., Ste. 3 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

700003314297-0
-07/06/00--01011--014
*****50.00 *****50.00

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:

[Handwritten Signature: Albert G. Rex]

Albert G. Rex

4/28/00

(954) 389-7822

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

Date

Daytime Phone #

CR2E083 (11/03)