

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008786

APPROVED  
AND  
FILED

00 MAY 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

1. Entity Name  
WESTWIND LLC

Principal Place of Business Mailing Address

4801 Island Pond Court, NO. 2  
BONITA SPRINGS, FL 34134  
SAME

2. Principal Place of Business 3. Mailing Address  
26078 Fawnwood Court See Block 2

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Bonita Springs  
34134 USA Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

### 6. Name and Address of Current Registered Agent

Hollis E. Wright  
4801 Island Pond Ct., No. 302  
Bonita Springs, FL 34134

### 7. Name and Address of New Registered Agent

Name: Hollis E. Wright  
Street Address (P.O. Box Number is Not Acceptable): 26078 Fawnwood Court  
City: Bonita Springs, FL Zip Code: 34134

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: Hollis E. Wright 15 May 2000  
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
Managing Member	Hollis E. Wright	[See above address Block 2]		<input type="checkbox"/>
Managing Member	Carl A. Henlein	[See above address Block 2]		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		300003289583--8	-06/14/00-01101-013	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		****50.00	****50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Hollis E. Wright 15 May 2000 941.947.9390  
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #