

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90265 010 ****50.00

DOCUMENT # M00000002232

1. Entity Name

WESTPORT HOLDINGS UNIVERSITY VILLAGE, L.L.C.

Principal Place of Business

Mailing Address

~~9801 PGA BLVD., STE. 805~~
PALM BEACH GARDENS FL 33410

~~9801 PGA BLVD., STE. 805~~
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

90 University Village

Suite, Apt. #, etc.

12250 N. 22nd Street

3801 PGA Blvd, Ste 805

City & State

City & State

Tampa, FL

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33612

Hillsborough

33410

Palm Beach

6. Name and Address of Current Registered Agent

4. FEI Number

65-1059089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



LANDRY, LAWRENCE L
3801 PGA BLVD., STE. 805
PALM BEACH GARDENS FL 33410

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **M** ☐ Delete
NAME **WESTPORT ADVISORS, LTD.**
STREET ADDRESS **3801 PGA BLVD., STE. 805**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED *Signature* **4/16/02** **(561)624-1225**

CR2E083 (9/01)