

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70027

1. Entity Name
WESTERN SAWGRASS MILLS CORP.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90306 019 ***150.00

Principal Place of Business
% ROBERT A. SINGER
1000 POTOMOC STREET N.W., SUITE 200
WASHINGTON DC 20007
US

Mailing Address
% ROBERT A. SINGER
1000 POTOMOC STREET N.W., SUITE 200
WASHINGTON DC 20007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1575411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MILLER, HERBERT S
STREET ADDRESS 1000 POTOMOC STREET N.W., SUITE 200
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

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

TITLE DV
NAME MILLER, PATRICE R
STREET ADDRESS 1000 POTOMOC STREET N.W., SUITE 200
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

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

TITLE TS
NAME SINGER, ROBERT A
STREET ADDRESS 1000 POTOMOC STREET N.W., SUITE 200
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

(202) 338-5200
Daytime Phone #

CR2E034 (10/00)