

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90082 037 ***150.00

DOCUMENT # M70027

1. Entity Name
WESTERN SAWGRASS MILLS CORP.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1054 31st STREET, NW

Suite, Apt. #, etc.

SUITE 410

City & State

WASHINGTON, DC

Zip

20007

Country

USA

3. Mailing Address

1054 31st STREET, NW

Suite, Apt. #, etc.

SUITE 410

City & State

WASHINGTON, DC

Zip

20007

Country

USA

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, HERBERT S	
STREET ADDRESS	1000 POTOMOC STREET N.W., SUITE 200	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLER, PATRICE R	
STREET ADDRESS	1000 POTOMOC STREET N.W., SUITE 200	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	SINGER, ROBERT A	
STREET ADDRESS	1000 POTOMOC STREET N.W., SUITE 200	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

2/19/02

(202) 338-5200

CR2E034 (9/01)