

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97998

1. Entity Name

WESTFIELD HOMES OF FLORIDA, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90086 001 ***317.50

Principal Place of Business

Mailing Address

107 DUNBAR AVE
STE 1
OLDSMAR FL 34677
US

4350 W CYPRESS ST
#640
TAMPA FL 33607-4178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3611540

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHLOSSER, RICHARD A
500 E KENNEDY BLVD
STE 200
TAMPA FL 33602

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	GATEWOOD, ROGER B.	
STREET ADDRESS	4350 W CYPRESS ST SUITE 640	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERGER, ANDREW	
STREET ADDRESS	107 DUNBAR AVE SUITE 1	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERGER, ANDREW J	
STREET ADDRESS	4350 W CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MESSERLY, MARK	
STREET ADDRESS	4350 W CYPRESS ST SUITE 640	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BAKER, FRANK	
STREET ADDRESS	4350 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pelletz, David	
STREET ADDRESS	4350 W. Cypress St.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleegel, Michelle	
STREET ADDRESS	4350 W. Cypress St.	
CITY-ST-ZIP	Tampa, FL 33607	
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:

FRANK S. BAKER, VP
FRANK S. BAKER, VP

Date

Daytime Phone #

813-874-9872

CR2034 10/99