

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90458 001 \*1,428.75

DOCUMENT # M97998

1. Entity Name

WESTFIELD HOMES OF FLORIDA, INC.

Principal Place of Business

107 DUNBAR AVE  
STE 1  
OLDSMAR FL 34677  
US

Mailing Address

4350 W CYPRESS ST  
#640  
TAMPA FL 33607  
US

41724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5100 W. Lemon St.

3. Mailing Address

4300 W. Cypress St.

Suite, Apt. #, etc.

Suite 306

Suite, Apt. #, etc.

Suite 980

City & State

Tampa, FL

City & State

4. FEI Number 36-3611540

Applied For

Not Applicable

Zip

33609

Country

Zip

Country

5. Certificate of Status Desired

X

\$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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DC GATEWOOD, ROGER B. 4350 W CYPRESS ST SUITE 640 TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERGER, ANDREW J 4350 W CYPRESS STREET TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAKER, FRANK 4350 W CYPRESS ST TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PELLETZ, DAVID 4350 W CYPRESS ST TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Siuda, Robert L. 4300 W. Cypress St., Suite 980 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4300 W. Cypress St., Suite 980	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4300 W. Cypress St., Suite 980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4300 W. Cypress St., Suite 980	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4300 W. Cypress St., Suite 980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Bogarin, Michelle 4300 W. Cypress, Suite 980 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Gatewood, Roger B. 4300 W. Cypress St., Suite 980 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Frank S. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (813)874-9872

Date

Daytime Phone #

CR2E034 (10/00)