

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005622

1. Entity Name

WESTLINKS BUSINESS PARK PROPERTY OWNERS ASSOCIAT

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90207 001 ***980.00

- 4747



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
24301 WALDEN CENTER DRIVE., STE 300 24301 WALDEN CENTER DRIVE., STE 300
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number 65-0572217 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

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE., STE 300
BONITA SPRINGS FL 34134

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HAYDEN, KENNETH W
STREET ADDRESS 24301 WALDEN CENTER DRIVE., STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE DS
NAME ANDERSON, BRIAN
STREET ADDRESS 24301 WALDEN CENTER DRIVE., STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE TD
NAME CALDWELL, DAVID
STREET ADDRESS 24301 WALDEN CENTER DRIVE., STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE D
NAME ERNST, BARRY
STREET ADDRESS 24301 WALDEN CENTER DRIVE., STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE D
NAME DOLAN, TERREY
STREET ADDRESS 24301 WALDEN CENTER DRIVE., STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME FLINK, MILTON G
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (10/00)