

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90073 025 \*\*\*\*61.25

**DOCUMENT #** IN97000003846 (9)

1. Entity Name

**WESTFEST AT ST. LUCIE WEST, INC.**

Principal Place of Business

Mailing Address

**1850 Fountainview Blvd**  
**Port St. Lucie, FL 34986**

**1850 Fountainview Blvd**  
**Port St. Lucie, FL 34986**

2. Principal Place of Business

**1850 Fountainview Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**1850 Fountainview Blvd**

Suite, Apt. #, etc.

City & State

**Port St. Lucie, FL**

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-0775924**

Applied For

Not Applicable

Zip

**34986**

Country

**USA**

Zip

**34986**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, EVETT L.**  
**145 NW CENTRAL PARK PLAZA, SUITE 200**  
**PORT ST. LUCIE FL 34986**

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. 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	President	<input type="checkbox"/> Delete
NAME	Jane Rowley	
STREET ADDRESS	1850 Fountainview Blvd.	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Barbara Rosmarin	
STREET ADDRESS	572 SW Newcastle Ct.	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	First Vice President	<input type="checkbox"/> Delete
NAME	Jerry Rosmarin	
STREET ADDRESS	572 SW Newcastle Ct.	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Lois Cullen	
STREET ADDRESS	628 SE Degan Drive	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Dick Cullen	
STREET ADDRESS	628 SE Degan Drive	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	Director	<input type="checkbox"/> Delete
NAME	John O'Connor	
STREET ADDRESS	584 SW St. Johns Bay	
CITY-ST-ZIP	Port St. Lucie, FL 34986	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy O'Connor	
STREET ADDRESS	584 SW St. Johns Bay	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luella Tallgren	
STREET ADDRESS	1306 SW Briarwood Drive	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	Second Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Wyatt	
STREET ADDRESS	340-1590 WPSL Radio	
CITY-ST-ZIP	8245 Business Park Drive	
	Port St. Lucie, FL 34852	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)