

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000003846**1. Entity Name
WESTFEST AT ST. LUCIE WEST, INC.Principal Place of Business
1850 FOUNTAINVIEW BLVD
PORT ST. LUCIE FL 34986 USMailing Address
1850 FOUNTAINVIEW BLVD
PORT ST. LUCIE FL 34986 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0775924Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**SIMMONS EVETT L
145 NW CENTRAL PARK PLAZA, SUITE 200

PORT ST. LUCIE FL 34986 US

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 **04/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	O JOHN	
STREET ADDRESS	584 SW ST JOHNS BAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEN DICK	
STREET ADDRESS	628 SE DEGAN DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEN LOIS	
STREET ADDRESS	628 SE DEGAN DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	FVP	<input type="checkbox"/> Delete
NAME	ROSMARIN JERRY	
STREET ADDRESS	572 SE NEWCASTLE CT.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSMARIN BARBARA	
STREET ADDRESS	572 SW NEWCASTLE CT.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROWLEY JANE	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR JOHN	
STREET ADDRESS	584 SW ST JOHNS BAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jane Rowley

P

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)