

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90148 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059881

1. Entity Name

WEST DOWNTOWN PROPERTIES, INC.

Principal Place of Business

619 EXECUTIVE DR
WINTER PARK FL 32789

Mailing Address

619 EXECUTIVE DR
WINTER PARK FL 32789

2. Principal Place of Business

742 W AMELIA ST
Orlando, FL 32805

3. Mailing Address

P.O. Box 540059
Orlando, FL 32854-0059



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip
32805

Country
USA

Zip
32854-0059

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEER, KENNETH M
619 EXECUTIVE DR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: DAVID VAN GELDER
Street Address (P.O. Box Numbers Not Acceptable): 742 W AMELIA ST.
City: ORLANDO FL 32805

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: *David Van Gelder* DAVID VAN GELDER 4/29/02
Signature, typed or printed name of registered agent and date 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHR, JEFFREY 810 MAGNOLIA ST NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELDER, DAVID V 742 W AMELIA STREET ORLANDO FL 32805 <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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 the employees...

SIGNATURE: *David Van Gelder* DAVID VAN GELDER 4/29/02 407-2461400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)