

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90060 023 \*\*\*550.00

**DOCUMENT # P00000076088**

**1. Entity Name**  
**WESTCITY LAKESIDE, INC.**

**Principal Place of Business**

**1840 N COMMERCE PARKWAY SUITE 3**  
**WESTON FL 33326**

**Mailing Address**

**1840 N COMMERCE PARKWAY SUITE 3**  
**WESTON FL 33326**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

**CHANGE OF ADDRESS**  
**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**

**4. FEI Number** 65-1030793

Applied For

Not Applicable

**5. 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**

**SIMIGRAN, KENNETH H**  
**1840 N COMMERCE PARKWAY SUITE 3**  
**WESTON FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**CHANGE OF ADDRESS**  
**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** D ☐ Delete  
**NAME** SIMIGRAN, KENNETH H  
**STREET ADDRESS** 1840 N COMMERCE PARKWAY SUITE 3  
**CITY-ST-ZIP** WESTON FL 33326

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

**TITLE** D ☐ Delete  
**NAME** DOUGLAS, STEVEN  
**STREET ADDRESS** 1840 N COMMERCE PARKWAY SUITE 3  
**CITY-ST-ZIP** WESTON FL 33326

**CHANGE OF ADDRESS**  
**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

CR2E034 (4/02)