

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100904

1. Entity Name

WEST SABAL PALM ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 940605
MAITLAND FL 32794

Mailing Address

P.O. BOX 940605
MAITLAND FL 32794

2. Principal Place of Business

51 OAKLEIGH LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MAITLAND FLORIDA

City & State

Zip

32751

Country

US

Country

4. FEI Number

59-3687278

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST, STE 1
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

MICHAEL D. CALHOUN

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

51 OAKLEIGH LANE

City

MAITLAND

FL

Zip Code

32751

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 of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS CALHOUN, MICHAEL D
CITY-ST-ZIP P.O. BOX 940605
MAITLAND FL 32794

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01

Date

407 620 1489

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE