

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000182

1. Entity Name  
WESTCHESTER LAND COMPANY, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90047 033 \*\*\*550.00

0008070 AV

Principal Place of Business  
1861 PLACIDA ROAD  
SUITE 204  
ENGLEWOOD FL 34223  
US

Mailing Address  
~~1861 PLACIDA ROAD~~  
~~SUITE 204~~  
~~ENGLEWOOD FL 34223~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
3005 CARING WAY  
Suite, Apt. #, etc.

City & State  
PORT CHARLOTTE, FL

Zip Country  
33952 U.S.A.

4. FEI Number 65-0395386  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BATSEL, C G  
1861 PLACIDA ROAD  
SUITE 204  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent  
Name CARLO J. LORICCO  
Street Address 3005 CARING WAY  
City PORT CHARLOTTE FL Zip Code 33952

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 *Carlo J. Loricco* DATE 9/1/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATSEL, C. GUY 1861 PLACIDA ROAD, STE 204 ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST LORICCO, CARLO J. 3005 CARING WAY PORT CHARLOTTE FL <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 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
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 name like empowered.

SIGNATURE: *Carlo J. Loricco* DATE: 9/1/01 DAYTIME PHONE: 941-629-1197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)