2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000088832 May 11, 2000 8:00 am Secretary of State WESTFIELD DEVELOPMENT CORPORATION 05-11-2000 90086 001 ***317.50 Principal Place of Business Mailing Address 4350 W CYPRESS ST 4350 W CYPRESS ST #640 #640 TAMPA FL 33607 TAMPA FL 33607-4178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-3073399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHLOSSER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 500 E KENNEDY BLVD **STE 200** TAMPA FL 33602 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE Gakwood Roger 4350 N. Cypress St. GATEWOOD, ROGER B. NAME NAME STREET ADDRESS STREET ADDRESS 4350 W CYPRESS ST SUITE 640 Tampa, Fi CITY-ST-7IP CITY-ST-ZIF **TAMPA FL 33607** 🗶 Delete ☐ Change 🔀 Addition TITLE TITLE MESSERLY, MARK NAME NAME STREET ADDRESS 4350 W CYPRESS ST SUITE 640 STREET ADDRESS CITY-ST-ZIF **TAMPA FL 33607** CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Fleegel BERGER, ANDREW NAME 4350 W CYPRESS ST SUITE 640 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33607** Addition ☐ Change Delete TITLE TITLE BAKER, FRANK NAME NAME 4350 W CYPRESS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa FL 33607 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

CR2Fn34 /a/99

Date