2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2001 8:00 am Secretary of State DOCUMENT # **P93000088832** 1. Entity Name WESTFIELD DEVELOPMENT CORPORATION 05-05-2001 90458 001 *1.428.75 Principal Place of Business Mailing Address 4350 W CYPRESS ST 4350 W CYPRESS ST #640 #640 TAMPA FL 33607 **TAMPA FL 33607** 3. Mailing Address 4300 W. Cypress St. 2. Principal Place of Business 4300 W. Cypress St. Suite, Apt. #, etc 980 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3073399 Not Applicable Zip Country 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** City Zip Code 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Change Siuda, Robert L. 4300 W. Cypress St., Suite 980 Tampa, FL 33607 GATEWOOD, ROGER B. NAME NAME 4350 W CYPRESS ST SUITE 640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Delete TITLE TITLE BERGER, ANDREW NAME NAME STREET ADORESS 4350 W-CYPRESS-ST-SUITE-640 STREET ADDRESS 4300 W. Cypress St., Suite 980 CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33607 Change ☐ Addition TITLE TITI F Delete BAKER, FRANK NAME NAME STREET ADDRESS 4350 W CYPRESS ST STREET ADDRESS 4300 W. Cypress St., Suite 980 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ۷D Change Ch TITLE ☐ Delete Addition TITLE PELLETZ, DAVID NAME NAME 4300 W. Cypress St., Suite 980 4350 W CYPRESS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITI E Bogarin, Michelle 4300 W. Cypress St., Suite 980 NAME fleegel, michelle NAME 4350 W CYPRESS STREET STREET ADDRESS STREET ADDRESS

Gatewood, Roger B. 4300 W. Cypress St., Suite 980 Tampa, FL 33407 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

TAMPA FL 33607

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

E OF SIGNING OFFICER OF DIRECTOR

4-30-01 (813)874-9872

Change

Addition