

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91318 041 ***150.00

DOCUMENT # P94000045889

1. Entity Name
WESTREND DEVELOPMENT, INC.

Principal Place of Business
3401 EQUESTRIAN CLUB RD
WELLINGTON FL 33414
US

Mailing Address
PO BOX 210366
ROYAL PALM BEACH FL 33421
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
3401 Equestrian Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Wellington, FL

4. FEI Number **65-0500615**

Applied For

Not Applicable

Zip

Country

Zip
33414

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR.
105 S. NARCISSUS AVE.
SUITE 412
WEST PALM BEACH FL 33401

Name

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

City

FL

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **VARNEY, WILLIAM P**
 STREET ADDRESS **1714 FARMINGTON CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☒ Change ☐ Addition
 NAME **13840 Fairlane Ct.**
 STREET ADDRESS **Wellington, FL 33414**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WEBER, HERBERT J**
 STREET ADDRESS **834 OYSTER LANE**
 CITY-ST-ZIP **LANTANA FL 33462**

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02 561 793-024
 Date Daytime Phone #

CR2E034 (9/01)