

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90390 016 ***158.75

DOCUMENT # P95000011151

1. Entity Name
WINDCREST/WEST ROAD II, INC.



Principal Place of Business
**950 NORTH ORLANDO AVE.
SUITE 120
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**

2. Principal Place of Business
310 WAYMONT CT

3. Mailing Address

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.

City & State
LAKE MARY FL

City & State

Zip Country
32746 USA

Zip

Country

4. FEI Number
59-3297219

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D PALMER, CHARLES B**
STREET ADDRESS **950 N ORLANDO AVE SUITE 150**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME **310 WAYMONT CT**
STREET ADDRESS **SUITE 104**
CITY-ST-ZIP **LAKE MARY FLORIDA 32746**

TITLE ☒ Delete
NAME **D BOBINCHUCK, ROBERT M**
STREET ADDRESS **701 BRAZOS STREET SUITE 900**
CITY-ST-ZIP **AUSTIN TX 78701**

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

TITLE ☒ Delete
NAME **VPS KENT, MARK**
STREET ADDRESS **701 BRAZOS STREET SUITE 900**
CITY-ST-ZIP **AUSTIN TX 78701**

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

TITLE ☐ Delete
NAME **P PERRONE, PRESTON I**
STREET ADDRESS **950 N. ORLANDO AVE., STE 120**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME **310 WAYMONT CT**
STREET ADDRESS **SUITE 104**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **PRESTON I. PERRONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 407-638-4544
Date Daytime Phone #

CR2E034 (10/02)