

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004437

1. Entity Name

WESTWARD REALTY, INC.

Principal Place of Business

120 SUNSET STRIP DR  
HAWTHORNE FL 32640

Mailing Address

120 SUNSET STRIP DR  
HAWTHORNE FL 32640

2. Principal Place of Business

12860 Lake Sawyer Lane  
Suite, Apt. #, etc.

3. Mailing Address

12860 Lake Sawyer Lane  
Suite, Apt. #, etc.

City & State

Windermere

City & State

Windermere

Zip

34786

Country

US

Zip

34786

Country

US

4. FEI Number

59-3417623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIVYER, NEAL A  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	KJELLANDER, RICHARD	
STREET ADDRESS	120 SUNSET STRIP DR	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KJELLANDER, KRESLEY	
STREET ADDRESS	120 SUNSET STRIP DR	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12860 Lake Sawyer Lane	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12860 Lake Sawyer Lane	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

RICHARD KJELLANDER

Date

4/25/01 (407) 905 5488

Daytime/Phone #

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90011 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)