

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90127 038 \*\*\*158.75

**DOCUMENT # P97000034195**

1. Entity Name

**WESTSHORE OPERATING, INC.**

Principal Place of Business

**288 BURNING TREE DRIVE  
 NAPLES FL 34105**

Mailing Address

**288 BURNING TREE DRIVE  
 NAPLES FL 34105**

**742802**

2. Principal Place of Business

**2090 MORNING SUN DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**2090 MORNING SUN DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**NAPLES FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3446440**

Applied For

Not Applicable

Zip

**34119**

Country

**USA**

Zip

**34119**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**CONROY, J THOMAS III  
 9838 TAMiami TRAIL NORTH, SUITE 402  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**SUSAN ASHBROOK**

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

**2090 MORNING SUN DRIVE**

City

**NAPLES**

FL

Zip Code

**34119**

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

*Susan Ashbrook*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/2001**

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 **D** ☐ Delete  
 NAME **ASHBROOK, SUSAN D**  
 STREET ADDRESS **288 BURNING TREE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34105**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **2090 MORNING SUN DRIVE**  
 STREET ADDRESS **NAPLES, FL 34119**  
 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

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:

*Susan Ashbrook*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/2001 941-514-7227**  
 Date Daytime Phone #

CR2E034 (10/00)