

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040605

1. Entity Name
WESTFIELD HOMES USA, INC.

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90458 001 *1,428.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4350 W CYPRESS ST
STE 640
TAMPA FL 33607

Mailing Address
4350 W CYPRESS ST
STE 640
TAMPA FL 33607

2. Principal Place of Business
4300 W. Cypress St.
Suite, Apt. #, etc.
Suite 980

3. Mailing Address
4300 W. Cypress St.
Suite, Apt. #, etc.
Suite 980

City & State
City & State

Zip
Country

4. FEI Number 59-3460903
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHLOSSER, RICHARD A
500 E KENNEDY BLVD
STE 200
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GATEWOOD, ROGER 4350 W CYPRESS ST, STE 640 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 W. Cypress St., Suite 980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BAKER, FRANK 4350 W CYPRESS ST, STE 640 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frank S. Baker 4-30-01 (813) 874-9872
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)