

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049135

1. Entity Name
WESTGATE ENTERPRISES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90313 046 ***150.00

Principal Place of Business

~~23 HIGHLAND AVE~~
~~LEHIGH ACRES FL 33936~~
~~US~~

Mailing Address

~~23 HIGHLAND AVE~~
~~P.O. BOX 60205~~
~~LEHIGH ACRES FL 33936~~
~~US~~

2. Principal Place of Business

941 PAWSTAND RD

3. Mailing Address

941 PAWSTAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION FL

City & State

CELEBRATION, FL.

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number **65-0758749**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HICKERSON, BEVERLY C

~~23 HIGHLAND AVE~~
~~LEHIGH ACRES FL 33936~~

941 PAWSTAND RD
CELEBRATION, FL.
34747

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 **P**
NAME **HICKERMAN, BEVERLY**
STREET ADDRESS **23 HIGHLAND AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

BEVERLY C. HICKERSON
Beverly C. Hickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E034 (10/00)