

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000068879

1. Entity Name

West City Peachtree, Inc.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90018 038 \*\*\*150.00

Principal Place of Business	Mailing Address
c/o Carey Kramer Company 3265 Meridian Pkwy. Suite 100 Ft. Lauderdale, FL 33331	c/o Carey Kramer Company 3265 Meridian Pkwy. Suite 100 Ft. Lauderdale, FL 33331

2. Principal Place of Business	3. Mailing Address
1840 N. Commerce Pkwy. Suite, Apt. #, etc.	1840 N. Commerce Pkwy. Suite, Apt. #, etc.

Suite 3 City & State Weston, FL	Suite 3 City & State Weston, FL
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Zip 33326	Country USA	Zip 33326	Country USA
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4. FEI Number 65-0774909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jane A. Houk  
c/o White & Case  
200 S. Biscayne Blvd., Suite 4900  
Miami, FL 33131

Name  
Albert G. Rex, c/o Carey Kramer Company  
Street Address (P.O. Box Number is Not Acceptable)  
1840 N. Commerce Pkwy.  
Suite 3  
City  
Weston FL Zip Code  
33326

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: *Albert G. Rex* Albert G. Rex 4/28/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ADDRESS ST-ZIP	Delete <input type="checkbox"/>	SIMIGRAN, KENNETH H C/O CAREY KRAMER COMPANY WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
D ADDRESS ST-ZIP	Delete <input type="checkbox"/>	REX, ALBERT G C/O CAREY KRAMER COMPANY WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ADDRESS ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ADDRESS ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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ADDRESS ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 stated 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: *Albert G. Rex* Albert G. Rex 4/28/00 (954) 389-7822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)