

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90102 032 \*\*\*150.00

DOCUMENT # P97000081566

1. Entity Name

Westwind Holdings, INC.

Principal Place of Business

Mailing Address

442 Raymond Av.  
 Longwood FL 32750

2. Principal Place of Business

3. Mailing Address

442 Raymond Av.  
 Suite, Apt. #, etc.

442 Raymond Av.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3470935

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wesley W Pennington  
 442 Raymond Av.  
 Longwood FL 32750

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

*Wesley W Pennington*

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
 NAME: Wesley W Pennington  
 STREET ADDRESS: 442 Raymond Av.  
 CITY-ST-ZIP: Longwood FL 32750

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*Wesley W Pennington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00 (407) 339-1853

Date

Daytime Phone #

CR2E034 (9/99)