

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097178

1. Entity Name
WESTWOOD MANOR, INC.

FILED
01 OCT -9 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2339 HOOPLE DRIVE 2339 HOOPLE DRIVE
FT. MYERS FL 33916 FT. MYERS FL 33916

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0795488 Applied For Not Applicable

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

KRAMER, PETER
2339 HOOPLE DRIVE
FT. MYERS FL 33916

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 _____

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 D ☐ Delete
NAME KRAMER, PETER
STREET ADDRESS 2339 HOOPLE DRIVE
CITY-ST-ZIP FT. MYERS FL 33916

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

TITLE D ☐ Delete
NAME SLAVIN, JEFFREY
STREET ADDRESS 23261 WENDOVER DRIVE
CITY-ST-ZIP CLEVELAND OH 44122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200004642222-4
-10/18/01-01071-013
****150.00 ****150.00

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
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)



Westwood Manor, Inc.

2339 Hoople Street, Ft. Myers, FL 33901
(941) 334-9492

2062

October 5, 2001

Florida Department Of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern::

I am forwarding my UBR report with payment in full. I recently had it returned by the Postal Service as damaged and open mail.

I apologize for any inconvenience this may have caused, however I believe due consideration is warranted from the above circumstance.

Please accept this check in full.

Many Thanks.

Sincerely,

Peter M. Kramer
PMK/irb

Enclosure