

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000106946**

1. Entity Name

WEST BAY HOLDING CORPORATION**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90164 040 ***150.00

Principal Place of Business

2601 SOUTH BAYHORE DRIVE SUITE 900
MIAMI FL 33133-5461

Mailing Address

2601 SOUTH BAYHORE DRIVE SUITE 900
MIAMI FL 33133

2. Principal Place of Business

4800 N. Federal Highway

3. Mailing Address

200 S. Biscayne BoulevardSuite, Apt. #, etc.
Suite 105ESuite, Apt. #, etc.
Suite 4900

City & State

Boca Raton, FL

City & State

Miami, FL

4. FEI Number

65-0817126

Applied For

Not Applicable

Zip

33431

Country

Zip

33131

Country

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

GOLDMAN, JOEL K ESQ**2601 SOUTH BAYHORE DRIVE 9TH FLOOR**
MIAMI FL 33133-5461Name
K. Lawrence Gragg

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd., Suite 4900

City

Miami**FL**

Zip Code

33131

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.

Signature of Registered Agent 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 State10. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFREY, THOMAS W 2601 SOUTH BAYHORE DRIVE SUITE 900 MIAMI FL 33133-5461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ackerman, Richard S. 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEED, FRANK 2601 S BAYSHORE DR MIAMI FL 33133-5461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gitlin, Gene 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'GRADY, KEVIN 2601 SOUTH BAYHORE DRIVE SUITE 900 MIAMI FL 33133-5461 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, JOEL K 2601 SOUTH BAYHORE DRIVE SUITE 900 MIAMI FL 33133-5461 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAQUARDIA, JOHN 2601 SOUTH BAYHORE DRIVE SUITE 900 MIAMI FL 33133-5461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FISCHER, JOHN H 2601 SOUTH BAYHORE DRIVE SUITE 900 MIAMI FL 33133-5461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard S. Ackerman 4/30/00 561-395-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)