FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

Westfield Homes of Southwest Florida, Inc.

FILED

02 JUN -7 AMII: 31

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4300 W. Cypress Street 3. Mailing Address 4300 W. Cypress Street Suite 980 Suite 980 City & State Tampa, FL City & State Tampa, FL

59-348891

Not Applicable \$8.75 Additional

Country 33607 33607

5. Certificate of Status Desired

Fee Required 7. Name and Address of Current Registered Agent

DO NOTWRITE IN THIS SPACE

^NRichard A. Schlosser

Street Address (P.O. Box Number is Not Acceptable) 500 E. Kennedy Blvd.

Suite 200

^{Ci}Tampa

33602

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 registeraid again, use title if applicable

(NOTE: Registered Agest signature required when namasung)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Jánuary 1: May 1: Fee Is \$150.00 After May 1: Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Department of State

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Mand Officer Edyalic to Octob Historica Control						
11. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Roger B. Gatewood 4300 W. Cypress St., Suite 980 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY 57 ZIP	0000057279701			
ITTLE NAME STREET AODRESS CITY-ST-ZIP	Vice President, Sec'y., Treasurer Frank S. Baker 4300 W. Cypress Street, Suite 980 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY, STZIP				
THUE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wilhelm A. Nunn 4300 W. Cypress St., Suite 980 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY ST-ZIP	DO NOT WRITE			
THILE NAME STREET AODRESS CITY-ST-ZIP	President Robert L. Siuda 4300 W. Cypress St., Suite 980 Tampa, FL 33607	TIFIE NAME STREET ADDRESS CITY ST ZIP	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS CITY-ST-ZIP		TITLE MAME STREET ADDRESS CITY-ST-ZIP				

13. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank S. Baker, Vice President

(813) 874-9872

SIGNING OFFICER OR DIRECTOR

June 5, 2002

Daytimo Phone &

CR2E034B (12/01)





June 5, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Westfield Homes of Florida, Inc.

Westfield Development Corp. Westfield Homes USA, Inc.

Westfield Homes of Southwest Florida, Inc.

Westfield Management Corp.

Dear Sirs:

It has recently come to our attention that we did not receive Uniform Business Reports for the above listed companies. Attached are completed forms (obtained from www.sunbiz.org) and a check in the amount of \$2,793.75. Please process the enclosed reports and send a certificate of status to my attention at the above address.

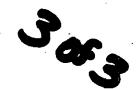
Sincerely,

WESTFIELD HOMES USA, INC.

Kelli Kamin

Administrative Assistant

02 JUN -7 PM 12: 48 BECEIVED



PLAIN STAMPED COPY

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

· ACCT. #FCA-14	•		•
CONTACT:	Para		
DATE:	6/7/02		· .
REF. #:	0162.7103		
CORP. NAME:	Westfield Home	S OF Floric	La Tucs
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,	EPAID WITH CHECK# HOW ON FOR ACCOUNT IF TO BE DEB	FOR \$ JFF TO STEED:	<u>.</u> 25
PLEASE RETURN			

() CERTIFICATE OF GOOD STANDING

Examiner's Initials

) CERTIFIED COPY

CERTIFICATE OF STATUS