

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90012 017 ***558.75

DOCUMENT # P98000023546 ✓

1. Corporation Name

WESTFIELD USA VENTURE NO. 1, INC.

Principal Place of Business

4350 W. CYPRESS ST., SUITE 640
TAMPA FL 33607

Mailing Address

4350 W. CYPRESS ST., SUITE 640
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

59-3500237

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A
101 E. KENNEDY BLVD., SUITE 4100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Schlosser, Richard A.

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

500 East Kennedy Blvd.

83

Suite 200

84 City

Tampa,

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

RICHARD A. SCHLOSSER

6/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
GATEWOOD, ROGER
STREET ADDRESS 4350 W. CYPRESS ST., SUITE 640
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President/Treasurer ☐ Change ☒ Addition
1.2 NAME Baker, Frank
1.3 STREET ADDRESS 4350 W. Cypress Street
1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Messerly, Mark
2.3 STREET ADDRESS 4350 W. Cypress Street
2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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
FRANK S. BAKER

6/15/99

(813) 874-9872

Date Daytime Phone #

CR2E034 (1/98)

0387737