2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023546

1. Entity Name

WESTFIELD USA VENTURE NO. 1, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

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

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90458 001 *1,428.75



	1.Cypress ST.	TOUW, C	<u>ypre</u>	<u> </u>	»τ <u>,</u>					
Suite, Apt. #, etc	80	SHIP, Apt. #, etc. 980				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-3500237			<u> </u>	Applied For	
									Not Applicable	
Zip	Country	Zip	Count	ry	5. 0	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6.	Name and Address of Current Re	gistered Agent			7. N	ame and Address of New Regi	stered Aç	jent		
		Name								
SCHLOSSER, RICHARD A 500 E KENNEDY BLVD STE 200 TAMPA FL 33602				Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code						
	A STATE OF THE STA			d office or i	registered age	not or both in the State of Florids		1		
B. The above name	d entity submits this statement for the	te purpose of changing its	registere	u onice or i	egistered agr	STR, OF BORT, IT THE STATE OF FRONCE				
SIGNATURE	re, typed or printed name of registered agent and	title if applicable (NO)	E: Registered	Agent signatur	e required when re	instating)	DATE			
	io, typod at pratical harte of regions and agent and						<u></u>	-		
S. This corporation is original to detail, the minary are			001 Fee v	IS \$150.00 will be \$55 partment	0.00	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
11.	OFFICERS AND DI	1	12.	<u> </u>		DITIONS/CHANGES TO OFFICE	RS AND [DIRECTO	RS IN 11	
I D	OT TOETIS FILE DI	Delete	TITLE					☐ Change		
NAME GAT	EWOOD, ROGER	Delete	NAME						_	
10000	O W. CYPRESS ST., SUITE 640	l		T ADDRESS		,				
	IPA FL 33607			ST-ZIP						
V/T		☐ Delete	TITLE					Change	Addition	
DAK	ER, FRANK	Delete	NAME	: 1				′		
10.00	OW CYPRESS-ST			T ADDRESS	4300 V	v. Cypress St., S	ط∴رت	487	١	
•	IPA FL 33607			ST-ZIP	4 200 F	v. eqpress and	~~ 1 F	, ,, ,	,	
CITY-ST-ZIP IAM	IFA FL 33007		-				· ·	Change	☐ Addition	
חרים	OCED ANDOCIAL	☐ Delete	TITLE					e change		
4054	IGER, ANDREW		NAME			N. Cypress St.,	C:1	. 49	<i>(</i>)	
	O-W-CYPRESS-ST				4300	M. cabiezz 21.	ء امات	C 700	9	
	IPA FL 33607		CITY-	ST-ZIP	_					
TITLE VP		☐ Delete	TITLE					Change	Addition	
	LETZ, DAVID		NAME				c .	. a	2.5	
	OW CYPRESS ST			T ADDRESS	4300 I	N. Cypress St.,	Suil	e 7	10	
	IPA FL 33607		CITY-	ST-ZIP						
TITLE VP		☐ Delete	TITLE					🔀 Change	Addition	
NAME FLEI	EGEL, MICHELLE		NAME	.			. .			
STREET ADDRESS 4950	OW CYPRESS ST		STREE	T ADDRESS	4300 V	v. Cypress St.,	Zui H	: 981	ט	
CITY-ST-ZIP TAM	IPA FL 33607		CITY-	ST-ZIP	,			-		
TITLE DP	- Mary -	☐ Delete	TITLE	1				Change	: Addition	
11766	EWOOD, ROGER		NAME	. 1				•		
	W CYPRESS ST			T ADDRESS	4300 L	N. Cypress St.,	Suit	e 987)	
	IPA FL 33607			ST-ZIP	,	. 0/ 5.0.2			-	
		1- PP 3 1 07 7	• • • • • • • • • • • • • • • • • • • •	•	od in Constant	140 07/2Vi) Elevido Chatutas I fun	ther and	fu that the	information	
I hereby certify indicated on thi	that the information supplied with the report or supplemental report is to	iis tiling does not qualify foue and accurate and that	or the exer my signati	nption state ure shall ha	ea in Section 1 ive the same l	i 19.07(3)(i), Florida Statutes. I fur egal effect as if made under oath	mer certii n; that I ar	y mat the n an offic	information er or director	

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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (813)874-9872

Daytime Phone

CHZEU34 (10/0