

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036630

1. Entity Name

WESTWOODS DEVELOPMENT CORPORATION, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90032 047 ***150.00

0485134

Principal Place of Business

914 DIXON BLVD.
COCOA FL 32922

Mailing Address

PO BOX 3767
COCOA FL 32924

D0032354



DO NOT WRITE IN THIS SPACE

516 Delannoy Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3512864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASS, GREGORY W
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

Name

Street

City

Kirschenbaum, Malcolm R
516 Delannoy Ave
Cocoa, FL 32922

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office to the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent)

DATE

Malcolm R Kirschenbaum
321-632-4936

4/2/01

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KIRSCHENBAUM, MALCOLM
CITY-ST-ZIP 516 DELANNOY AVE
COCOA FL 32922

TITLE ☐ Delete
NAME D
STREET ADDRESS SWANN, JIM
CITY-ST-ZIP 516 DELANNOY AVE
COCOA FL 32922

TITLE ☐ Delete
NAME D
STREET ADDRESS SCACCIA, ALBERT
CITY-ST-ZIP 516 DELANNOY AVE
COCOA FL 32922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

3/31/01

Jim Swann
321-631-2022

Date

Daytime Phone

CR2E034 (10/00)