2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049711 May 02, 2000 8:00 am Secretary of State 1. Entity Name WESTFIELD HOMES SW FLORIDA VENTURE NO. 1, INC. 05-02-2000 90104 030 ***158.75 Mailing Address Principal Place of Business 4350 W CYPRESS ST 397 INTERSTATE BOULEVARD SARASOTA FL 34240 STE 640 TAMPA FL 33607-4178 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3520539 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHLOSSER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) **500 EAST KENNEDY BOULEVARD** SUITE 200 **TAMPA FL 33602** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE GATEWOOD, ROGER NAME NAME 4350 WEST CYPRESS STREET #640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 X Addition Change ☐ Delete TITLE TITLE Siuda, Robert BAKER, FRANK NAME NAME STREET ADDRESS 4350 W CYPRESS ST STREET ADDRESS Tampa, FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 🗶 Change Addition ☐ Delete TITLE TITLE MESSERLY, MARK NAME NAME STREET ADDRESS 4350 W CYPRESS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: