

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90458 001 *1,428.75

DOCUMENT # P98000049711

1. Entity Name

WESTFIELD HOMES SW FLORIDA VENTURE NO. 1, INC.

Principal Place of Business

**397 INTERSTATE BOULEVARD
SARASOTA FL 34240**

Mailing Address

**4350 W CYPRESS ST
STE 640
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

2. Business

3. Mailing Address

4300 W. Cypress St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 980

City & State

City & State

4. FEI Number **59-3520539**

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****7. Name and Address of New Registered Agent****SCHLOSSER, RICHARD A
500 EAST KENNEDY BOULEVARD
SUITE 200
TAMPA FL 33602**

Name

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

City

FL

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 _____

**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	GATEWOOD, ROGER	
STREET ADDRESS	4350 WEST CYPRESS STREET #640	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4300 W. Cypress St., Suite 980	
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, FRANK	
STREET ADDRESS	4350 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4300 W. Cypress St., Suite 980	
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MESSERLY, MARK	
STREET ADDRESS	4350 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	SIUDA, ROBERT	
STREET ADDRESS	4350 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4300 W. Cypress St., Suite 980	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-30-01 (813) 874-9872

Date

Daytime Phone #

CR2E034 (10/00)