## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P98000062683 1. Entity Name WESTLAKE APARTMENTS, INC. 04-30-2001 90453 047 \*\*\*150.00 Principal Place of Business Mailing Address 235 SOUTH MAITLAND AVENUE #216 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751 MAITLAND FL 32751 753722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 59-35<u>2 1363</u> City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, BERRY J JR. Street Address (P.O. Box Number is Not Acceptable) 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 🔯 Delete PTD Change Addition TITLE TITLE Michael S. Murray NAME MURRAY, M. SHANE NAME 1394 West 5.R.434 STREET ADDRESS STREET ADDRESS 1399 W SR 434 CITY-ST-ZIP CITY-ST-ZIP Lengword, FL LONGWOOD FL Change ☐ Addition TITLE VPS. ☐ Delete TITLE rio Prieto NAME WALTER, BERRY J JR NAME 735 N Transfor Au STREET ADDRESS 235 S MAITLAND AVE #216 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MAITLAND FL Delete :Change: TITLE TITLE - Addition NAME PRIETO, MARIO NAME STREET ADDRESS 735 N THORNTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT1 F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.