

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-24-2002 91354 001 *3,995.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000068448

1. Entity Name

Westgate General Funding I, Inc.

DO NOT WRITE IN THIS SPACE

36148

2. Principal Place of Business

5601 Windhover Dr.

Suite, Apt. #, etc.

3. Mailing Address

5601 Windhover Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

City & State

Orlando, FL

Zip

32819

Country

4. FEI Number

59-3531170

6. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**Michael Marder
135 W. Central Blvd. Suite 1100
Orlando, FL 32801**

FL

8. The filer certifies that the information furnished in this report is true and correct, and that the filer is the owner or authorized representative of the corporation.

Signature

9. The filer certifies that the information furnished in this report is true and correct, and that the filer is the owner or authorized representative of the corporation.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. The filer certifies that the information furnished in this report is true and correct, and that the filer is the owner or authorized representative of the corporation.

\$5.00

**Additional
Fee Required**

11. Officer or Director	12. Officer or Director
NAME David A. Siegel	TITLE T
STREET ADDRESS 5601 Windhover Drive	STREET ADDRESS 5601 Windhover Drive
CITY-STATE-ZIP Orlando, FL 32819	CITY-STATE-ZIP Orlando, FL 32819
NAME Johnson, Jarranna	TITLE DO NOT WRITE
STREET ADDRESS 6707 Fairway Rd Suite D	STREET ADDRESS IN THIS SPACE
CITY-STATE-ZIP Charlotte, NC 28210	CITY-STATE-ZIP IN THIS SPACE
NAME	TITLE
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
NAME	TITLE
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP

13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information in 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 incorporator or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Chapter 11 of the certificate of incorporation with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Dugan
4/29/02 Treasurer