

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079839

1. Entity Name

WESTHAVEN DEVELOPMENT, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90244 011 ***158.75

Principal Place of Business

1205 FOX DEN RD.
APOPKA FL 32712

Mailing Address

1205 FOX DEN RD.
APOPKA FL 32712-3009

2. Principal Place of Business

2404 N. RIO GRANDE AVE
Suite, Apt. #, etc.

3. Mailing Address

2404 N. RIO GRANDE AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3538799

Applied For

Not Applicable

Zip 32804

Country US

Zip 32804

Country US

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

ROBBINSON, WILLIAM H
1409 CHARTA CT.
ORLANDO FL 32804

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MILLS, RUSSELL L	
STREET ADDRESS	1205 FOX DEN RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ROBBINSON, WILLIAM W	
STREET ADDRESS	1409 CHARTA CT	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKIBBEN, JEFF J	
STREET ADDRESS	PO BOX 1748	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

William H. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM H. ROBBINSON

1/14/00
Date

407-426-2325
Daytime Phone #

CR2E034 (9/99)