

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100774 AV

DOCUMENT # P98000090927

1. Entity Name  
WEST LAKE SUPERCENTER LP, INC.



FILED

03 MAR 17 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
1551 SANDSPUR ROAD  
MAITLAND FL 32751

Mailing Address  
P.O. BOX 4961  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3627429

Applied For

Not Applicable

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \* PSTD ☐ Delete  
NAME GINSBURG, ALAN H  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800014451318  
CITY-ST-ZIP 03/24/03--01003--013 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

ALAN H. GINSBURG, PRES.

Date

Daytime Phone #

407/741-8500

CR2E034 (10/02)