## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P98000108178 05-15-2001 90030 013 \*\*\*150.00 WESTMINSTER TEAK-FLORIDA, INC. Mailing Address Principal Place of Business 1263 145TH ROAD PO BOX 1416 LIVE OAK FL 32064 LIVE OAK FL 32C60 974688 2. Principal Place of Business 3. Mailing Address 125 S. Ohio Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3568135 LIVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADSHAW, R. WESLEY Street Address (P.O. Box Number is Not Acceptable) 209 COURTHOUSE SQUARE **INVERNESS FL** Zip Code City 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, 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 **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME TENBROECK, JAMES EDWARD <del>15790-36TH TR</del>AIL 14791 52MDStreet STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL Addition **D**elete TITLE MACLEOD, KENNETH S NAME STREET ADDRESS STREET ADDRESS 15790 36TH TRAIL CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL ☐ Change Addition Delete TITLE TITLE TEN BROECK, JAMES EDWARD NAME NAME 14791 52 NO Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE DAK A 32060 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Addition

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: Amo & Tabuel James E Tenbrock- Provident 04/30/01 904-364-6526

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Daytime Phone #