

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067638**

1. Entity Name

WESTON GP, INC.

Principal Place of Business

Mailing Address

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90007 014 ***550.00

00064016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 CLEMATIS ST

3. Mailing Address

222 CLEMATIS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

SUITE 207

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33401

33401

4. FEI Number

65-0937070

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

Name **GERALD VISCONTI**

Street Address (P.O. Box Number is Not Acceptable)

222 CLEMATIS ST

SUITE 207

City **WEST PALM BEACH FL**

Zip Code **33401**

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

6-2-00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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D R
GERALD VISCONTI
222 CLEMATIS ST, SUITE 207
WEST PALM BEACH, FL 33401

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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)