2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9900083405 1. Éntity Name						entire A A grates (Pan)			-
WEST POINTE VILLAS, INC.						FILED			
Principal Place of Business Mailing Address						00 MAR 10 PM 4: 47			
3300 SOUTH HIAWASSEE ROAD #107 POST OFFICE BOX 4961 ORLANDO FL 32835 ORLANDO FL 32802-4961						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	- A Duning	3. Mailing Address			<u></u> \				
800 N. HIGHLAND AVE.			e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
SUITE	200	City & State							
	NDO, PC				4.	59-36015/6 Not Applicable			
3280 3280	_ 	Zip	Coun	try		Certificate of Status Desired	\$8.75 Add Fee Required		4
	6. Name and Address of Current F	egistered Agent		Name	7, 1	Name and Address of New Register	ed Agent		┨
BAC COBBOBATE SEDIACES OF CENTRAL ELODIDA					t Address (P.O. Box Number is Not Acceptable)				
SUITE 1100,				5000032043155 -04/11/0001118003					1
ORL	ANDO FL 32801			City		****150.			1
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Florida.]
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable (NOT	E: Registere	d Agent signate	ure required when re	einstating) DA	TE.	 	
									1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 Make Check Payable to				will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	1_
TITLE		☐ Delete	TITL		P	emilo : c	☐ Change	Addition	CR2E034 (9/99)
NAME STREET ADDRESS			NAM STRE		800 N.	STEVEN G. HIGHLAND AVE,	SUITE 2	∞	34(
CITY-ST-ZIP			CITY	-ST-ZIP	DICUHO	DO, PL 32803			\footnote{\foo
TITLE NAME		☐ Delete	TITL NAM		VPS CARLT	ON, CHARLES S.	☐ Change	X Addition	ြပ
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS -ST-ZIP	1800 N ·	HIGHLAND AVE. S	એ।⊤€ 2.	<i>0</i> 0	
TITLE		Delete	TITL		VPT	000, PC 32805	Change	Addition	1
NAME			NAM		WILLN	ER, DAVID M.			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-ZIP	OPLAN	HIGHLAND AVE.	, SUITE	260	
TITLE NAME		☐ Delete	TITU NAM		VPAS	iney, eugene j	☐ Change	Addition	
STREET ADDRESS				ET ADDRESS		1. HIGHLAND AVE		200	
CITY-ST-ZIP			-	-ST-ZIP		100, FL 32803		XX Addition	-
TITLE NAME		☐ Delete	titl Nam		1 •	ER, THOMAS P.	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP	800 N	·HIGHLAND AVE., VDO. FL. 32803	SUITE	200	
TITLE		☐ Delete	TITL	E	VP	-	☐ Change	Addition Addition	1
NAME STREET ADDRESS			NAM STRI	ie Eet address		E, L. MILLS	SUITE	- 200	
CITY-ST-ZIP			CITY	-ST-ZIP	ORLAN	HIGHLAND AVE, NDO, FL 32803	······································		
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that I	mv siona	ture shall h	lave the same	legal effect as if made under oath; th	at I am an officer	or airector	
of the cor	poration or the receiver or trustee empor- or on an attachment with appaddress.	wered to execute this report	l as requi	red by Cha	pter 607, Flor	ida Statutes; and that my name appe	ars in Block 11 or	Block 12 if	1