

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000085172**

1. Entity Name

WESTGATE GENERAL FUNDING II, INC.**FILED****Apr 27, 2000 08:00 AM**
Secretary of State

Principal Place of Business

C/O MICHAEL MARDER, GREENSPOON, ET AL
135 W. CENTRAL BLVD., STE. 1100
ORLANDO FL 32801

Mailing Address

C/O MICHAEL MARDER, GREENSPOON, ET AL
135 W. CENTRAL BLVD., STE. 1100
ORLANDO FL 328012. Principal Place of Business
5601 WINDHOVER DRIVE3. Mailing Address
5601 WINDHOVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FLCity & State
ORLANDO FL

4. FEI Number

59-3610375

Applied For

Not Applicable

Zip
32819

Country

Zip
32819

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARDER MICHAEL
135 W. CENTRAL BLVD., STE. 1100**ORLANDO FL 32801 US**

7. Name and Address of New Registered Agent

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)

04/27/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D JOHNSON JULIANNA**
STREET ADDRESS **AMACAR GROUP, 5525 MORRISON BLVD, STE 318**
CITY-ST-ZIP **CHARLOTTE NC 28211**TITLE ☐ Delete
NAME **D DUGAN THOMAS F**
STREET ADDRESS **5601 WINDHOVER DR.**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Delete
NAME **D SIEGEL DAVID A**
STREET ADDRESS **5601 WINDHOVER DR.**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: THOMAS F. DUGAN

04/27/2000