

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90458 001 \*1,428.75

**DOCUMENT # P99000089089**

1. Entity Name  
**WESTFIELD MANAGEMENT CORPORATION**

Principal Place of Business  
**4350 WEST CYPRESS STREET SUITE 640  
TAMPA FL 33607**

Mailing Address  
**4350 WEST CYPRESS STREET SUITE 640  
TAMPA FL 33607**

2. Principal Place of Business  
**4300 W. Cypress St.**  
Suite, Apt. #, etc.  
**Suite 980**

3. Mailing Address  
**4300 W. Cypress St.**  
Suite, Apt. #, etc.  
**Suite 980**



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-3611308</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BAKER, FRANK S 4350 WEST CYPRESS STREET SUITE 640 TAMPA FL 33607</b>		7. Name and Address of New Registered Agent Name <b>Frank S. Baker</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 W. Cypress St Suite 980</b> City <b>Tampa</b> State <b>FL</b> Zip <b>33607</b>	
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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 *Frank S. Baker*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CV GATEWOOD, ROGER 4350 W CYPRESS ST TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4300 W. Cypress St., Suite 980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHLICHENMAIER, JOHN 4350 W CYPRESS ST TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4300 W. Cypress St., Suite 980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LOVE, AVERY 4350 W CYPRESS ST TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4300 W. Cypress St., Suite 980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BAKER, FRANK 4350 W CYPRESS ST TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4300 W. Cypress St., Suite 980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank S. Baker* **4-30-01** **(813)874-9872**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)