

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S22482

1. Corporation Name
WESTBURY GATEWAY, INC.

Principal Place of Business

2200 GORDON DRIVE
NAPLES FL 34102
US

Mailing Address

2200 GORDON DRIVE
NAPLES FL 33940

FILED
99 JAN 13 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1990

4. FEI Number

65-0248729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34102

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOND SCHOENECK & KING
1167 THIRD STREET SOUTH
NAPLES FL 34102

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME LUCHAK, FRED
STREET ADDRESS 11 VICTORIA STREET
CITY-ST-ZIP HAMILTON HMEX BE

TITLE DP ☐ DELETE

NAME DEGROOTE, MICHAEL H
STREET ADDRESS 1100 BURLOAK DR
CITY-ST-ZIP BURLINGTON, ONTARIO

TITLE DV ☐ DELETE

NAME DEGROOTE, GARY W
STREET ADDRESS 1455 LAKESHORE RD STE 201N
CITY-ST-ZIP BURLINGTON ON

TITLE DVS ☐ DELETE

NAME PEKARUK, JERRY
STREET ADDRESS 1100 BURLOAK DR
CITY-ST-ZIP BURLINGTON, ONTARIO

TITLE VS ☐ DELETE

NAME SEXTON, DAVID N
STREET ADDRESS 1167 THIRD ST S
CITY-ST-ZIP NAPLES FL

TITLE V ☒ DELETE

NAME DEGROOTE, MICHAEL G
STREET ADDRESS 11 VICTORIA ST
CITY-ST-ZIP HAMILTON HM

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

BERMUDA

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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-01/20/99-01061-019
***150.00-150.00

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

L7S2J1

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

L7L6B2

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

34102

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

11/13/99

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JERRY PEKARUK

1/8/99

941-262-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

045432

CR2E034 (11/98)