

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22482

1. Entity Name

WESTBURY GATEWAY, INC.

Principal Place of Business

2200 GORDON DRIVE
NAPLES FL 34102
US

Mailing Address

2200 GORDON DRIVE
NAPLES FL 34102-7648

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOND SCHOENECK & KING
1167 THIRD STREET SOUTH
NAPLES FL 34102

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)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DV
NAME LUCHAK, FRED
STREET ADDRESS 11 VICTORIA STREET
CITY-ST-ZIP HAMILTON HMEX BERMUDA ☒ Delete

TITLE DP
NAME DEGROOTE, MICHAEL H
STREET ADDRESS 1100 BURLOAK DR. BURLINGTON ONTARIO
CITY-ST-ZIP CANADA L7L6B2 ☐ Delete

TITLE DV
NAME DEGROOTE, GARY W
STREET ADDRESS 1455 LAKESHORE RD STE 201N BURLINGTON ONT
CITY-ST-ZIP CANADA L7S2J1 ☐ Delete

TITLE DVS
NAME PEKARUK, JERRY
STREET ADDRESS 1100 BURLOAK DR. BURLINGTON ONTARIO
CITY-ST-ZIP CANADA L7L6B2 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Change ☒ Addition
NAME MARTIN, ROBERT W
STREET ADDRESS 11 VICTORIA STREET
CITY-ST-ZIP HAMILTON HMEX BERMUDA

TITLE
NAME 500003114595-1
STREET ADDRESS -01/28/00--01055--019
CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Jerry Pekaruk* JERRY PEKARUK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

941-262-3214

Daytime Phone #

FILED

00 JAN 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0248729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required