

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90034 039 ***150.00

049554 AV

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0248729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOND SCHOENECK & KING, P.A.

**1107 THIRD STREET SOUTH 4001 TAMiami TRAIL NORTH STE 400 250
 NAPLES FL 34102 34103-3555**

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

David R. Sexton, President

4-1-02

Signature, typed or printed name of registered agent and title, 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **MARTYN, ROBERT W**
 CITY-ST-ZIP **11 VICTORIA STREET**
HAMILTON HMEX BE

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **DEGROOTE, MICHAEL H**
 CITY-ST-ZIP **1111 INTERNATIONAL BLVD.**
BURLINGTON, ONTARIO CA L7-L6W1

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **DEGROOTE, GARY W**
 CITY-ST-ZIP **1455 LAKESHORE ROAD, SUITE 201N**
BURLINGTON, ONTARIO CA L7-S2J1

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

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **PEKARUK, JERRY**
 CITY-ST-ZIP **1111 INTERNATIONAL BLVD.**
BURLINGTON, ONTARIO CA L7-L6W1

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

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **SEXTON, DAVID N**
 CITY-ST-ZIP **4001 TAMiami TRAIL NORTH STE 400**
NAPLES FL 34103-3555

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Jerry Pekaruk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02
 Date

941-262-3214
 Daytime Phone #

CR2E034 (9/01)