

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59059

1. Entity Name

WESTBURY PALISADES, INC.

Principal Place of Business

Mailing Address

2200 GORDON DRIVE
NAPLES FL 34102
US

2200 GORDON DRIVE
NAPLES FL 34102-7648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 S ORANGE AVE
ORLANDO FL 32801

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

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

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

TITLE ☒ Delete
NAME VD
STREET ADDRESS LUCHAK, FRED
CITY-ST-ZIP 11 VICTORIA ST
HAMILTON HM EX BERMUDA

TITLE ☐ Delete
NAME V
STREET ADDRESS SEXTON, DAVID N
CITY-ST-ZIP 1167 THIRD STREET, S
NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
600003114446--6
-01/28/00--01055--001
****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

941-262-3214
Daytime Phone #

FILED

00 JAN 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0406529

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

FL

Zip Code

TS