

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S76166**

1. Entity Name

WESTFIELD OF EASTSIDE, INC.



FILED

03 MAY -2 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**678 W BAY ST
WINTER GARDEN FL 32478
US**

Mailing Address
**678 W BAY ST
WINTER GARDEN FL 34789
US**

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

59-3100398

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

GREENE, CLAUDE L.

678 W. BAY ST.

WINTER GARDENS FL 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
STEPHENS, TONI G.
678 W. BAY ST.
WINTER GARDENS FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~00000000000000000000~~

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
GREENE, MICHAEL S.
1613 FRANCES AVE.
FT. PIERVE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000017917890
05/02/03--01116--024 **262.08**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
GREENE, CLAUDE L.
678 W. BAY ST.
WINTER GARDENS FL 34787**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[Signature]

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

4076566228

Daytime Phone #

CR2E034 (10/02)