

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006481

**Entity Name:** URBAN WEST MANAGEMENT, INC.

**Current Principal Place of Business:**

3161 MICHELSON DR  
SUITE 425  
IRVINE, CA 92612

**Current Mailing Address:**

400 N. ASHLEY DR., STE. 2500  
TAMPA, FL 33602 US

**FEI Number: 59-3308046**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LEMONS, DAWN  
400 N. ASHLEY DR., STE. 2500  
TAMPA, FL 33602 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BRAY, JOHN H  
Address 400 N. ASHLEY DR., STE. 2500  
City-State-Zip: TAMPA FL 33602

Title VPST  
Name BRAY, MATTHEW J  
Address 3161 MICHELSON DR  
SUITE 425  
City-State-Zip: IRVINE CA 92612

Title VP  
Name SCHAFER, JOHN H  
Address 3161 MICHELSON DR  
SUITE 425  
City-State-Zip: IRVINE CA 92612

Title VPAS  
Name TROUTMAN, JOHN C  
Address 3161 MICHELSON DR  
SUITE 425  
City-State-Zip: IRVINE CA 92612

Title AVAS  
Name LEMONS, DAWN M  
Address 400 N. ASHLEY DR., STE. 2500  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAWN M LEMONS**

**ASST VP/ ASST SEC**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date