

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90083 037 \*\*\*\*61.25

**DOCUMENT # 718211**

1. Entity Name

**MELALEUCA GARDENS CONDOMINIUM, INC.**

Principal Place of Business

**LAUDERDALE LAKES  
 M201  
 LAUDERDALE LAKES FL 33313  
 US**

Mailing Address

**5141 W OAKLAND PRK BLVD  
 M201  
 LAUDERDALE LAKES FL 33313-7800  
 US**

0 2 0 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1372747**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEITZ, IRVING  
 5141 W. OAKLAND PK BLVD  
 LAUDERDALE LAKES FL 33313**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
 NAME **WEITZ, SELMA**  
 STREET ADDRESS **5141 W. OAKLAND PARK BLVD**  
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GLASSER, GEROGE**  
 STREET ADDRESS **5141 W OAKLAND PK BLVD**  
 CITY-ST-ZIP **LAUDERDALE LAKE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **RONDO, ANN**  
 STREET ADDRESS **5141 W. OAKLAND PK BLVD.**  
 CITY-ST-ZIP **LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **WEITZ, IRVING**  
 STREET ADDRESS **5141 O.P.B**  
 CITY-ST-ZIP **LAUDERDALE LAKES, F00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SCHWARTZ, MARGE**  
 STREET ADDRESS **5141 W OAKLAND PK BLVD**  
 CITY-ST-ZIP **LAUDERDALE LKS, FL 00000 33313**

TITLE **D**  Change  Addition  
 NAME **ROBERT BEAUCRAMP**  
 STREET ADDRESS **5141 W OAKLAND PK BLVD**  
 CITY-ST-ZIP **LAUD. LAKES FL 33313**

TITLE **VP**  Delete  
 NAME **ROBINSON, W.M.**  
 STREET ADDRESS **5141 W. OAKLAND PK.BLVD.**  
 CITY-ST-ZIP **LAUDERDALE LKS. FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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:

*IRVING WEITZ*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*IRVING WEITZ 2/3/00*  
 Date Daytime Phone # **486 2906**

CFR2E037 (9/99)