

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751922

1. Entity Name

EAST LAKE WOODLANDS CYPRESS ESTATES CONDOMINIUM

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90077 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O CALIBER CONDO MGT INC.  
1801 PEPPERTREE DR.  
OLDSMAR FL 34677  
US

C/O CALIBER CONDO MGT INC.  
1801 PEPPERTREE DR.  
OLDSMAR FL 34677-2741  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O CALIBER CONDO MGT INC.  
Suite, Apt. #, etc.

C/O CALIBER CONDO MGT INC.  
Suite, Apt. #, etc.

32708 US 19 NORTH

32708 US 19 NORTH

City & State  
PALM HARBOR FL

City & State  
PALM HARBOR FL

4. FEI Number

59-1988536

Applied For

Not Applicable

Zip  
34684

Country

PINELLAS

Zip  
34684

Country

PINELLAS

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

BROWN, MARJORIE J  
CALIBER CONDOMINIUM MGMT. INC.  
1801 PEPPERTREE DR.  
OLDSMAR FL 34677

Name

MARJORIE J BROWN

Street Address (P.O. Box Number is Not Acceptable)

CALIBER CONDOMINIUM MGT INC.

32708 US 19 NORTH

City

PALM HARBOR

FL

Zip Code

34684

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

*Marjorie J Brown*

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

(NOTE: Registered Agent signature required when reinstating)

3-10-00

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 PD ☒ Delete  
NAME CAUDILL, FRED  
STREET ADDRESS 130 E CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

TITLE TD ☐ Change ☒ Addition  
NAME BURCH, CHARLENE  
STREET ADDRESS 120 W. CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

TITLE D ☒ Delete  
NAME CREMMINS, BERNADETTE  
STREET ADDRESS 122 W. CYPRESS CT.  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☒ Addition  
NAME BURCH, RALPH  
STREET ADDRESS 120 W CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

TITLE VD ☒ Delete  
NAME WALES, DONALD  
STREET ADDRESS 291 CYPRESS LANE  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Change ☒ Addition  
NAME VAN SCHAIC, JOHN  
STREET ADDRESS 279 CYPRESS LANE  
CITY-ST-ZIP OLDSMAR FL

TITLE TD ☐ Delete  
NAME WEIGAND, WALTER  
STREET ADDRESS 119 W CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

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

TITLE SD ☐ Delete  
NAME LEVEROCK, CHARLOTTE  
STREET ADDRESS 111 W CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

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

TITLE D ☒ Delete  
NAME PIZZANO, BEVERLY  
STREET ADDRESS 124 E CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ Change ☒ Addition  
NAME LEVEROCK, JAMES  
STREET ADDRESS 121 W CYPRESS CT  
CITY-ST-ZIP OLDSMAR FL

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:

*Walter Weigand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER WEIGAND, PRES 3-10-00 727/772-1996

Date

Daytime Phone #

CR2E037 (9/99)