

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90325 032 \*\*\*\*61.25

**DOCUMENT # N07454**

1. Entity Name

**THE VILLAGE AT BENTLEY PARK HOMEOWNERS' ASSOCIAT**

Principal Place of Business

Mailing Address

% CALIBER CONDO MGT. INC  
 1801 PEPPERTREE DR  
 OLDSMAR FL 34677  
 US

% 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

**CALIBER MGT, INC**

**CALIBER MGT, INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**35708 US 19 NORTH**

**35708 US 19 NORTH**

City & State

City & State

**PALM HARBOR FL**

**PALM HARBOR FL**

4. FEI Number

**59-2777343**

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

**CIANFRONE, JOSEPH R.**  
**1968 BAYSHORE BLVD.**  
**824 E FLETCHER AVE**  
**DUNEDIN FL 34698**

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	VPTD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ROBERT G	
STREET ADDRESS	1345 FOREST EDGE BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FIGORE, JAMES	
STREET ADDRESS	2599 BENTLEY DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRESE, VIRGINIA	
STREET ADDRESS	2390 BENTLEY DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALBRIGHT, DOROTHY	
STREET ADDRESS	2620 BENTLEY DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGRUSA, VINCENT	
STREET ADDRESS	2426 BENTLEY DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	F. EUGENE JOHNSON	
STREET ADDRESS	2411 BENTLEY DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

i2. 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/00*  
 Date

Daytime Phone #

CR2E037 (9/99)