

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47584

1. Entity Name

EGRET LANDING PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1059 LAKESHORE DR
JUPITER FL 33458
US

Mailing Address

PO BOX 420
JUPITER FL 33468

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

65-0387223

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

Name

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

City

FL

Zip Code

EDGAR, CHUCK

~~LEVIN, FRANK & EDGAR~~ Nason, Yeager, Gerson, White & Lloce, P.A.
1645 PALM BEACH LAKES BLVD STE 1200
WEST PALM BEACH FL 33401

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 NAME STREET ADDRESS CITY-ST-ZIP	STD WEITZ, KENNETH 16825 97TH WAY NORTH JUPITER FL 33458	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ROGER 2601 BISCAYNE BLVD. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, JAMES 2601 BISCAYNE BLVD MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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 REQUIRED
Kenneth Weitz

2/28/01

(561) 744-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90322 044 ****61.25