

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745733

1. Entity Name

THE LANDINGS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90088 029 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3438 EAST LAKE RD #22 PALM HARBOR FL 34685 US	3438 EAST LAKE RD #22 PALM HARBOR FL 34685-2413 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business CAIBER MGT, INC Suite, Apt., #, etc. 32708 US 19 NORTH City & State PALM HARBOR, FL Zip 34684 Country USA	3. Mailing Address CAIBER MGT, INC Suite, Apt., #, etc. 32708 US 19 NORTH City & State PALM HARBOR, FL Zip 34684 Country USA
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4. FEI Number 59-1977414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NOLAN, JAMES N  
3438 EAST LAKE RD  
#22  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

ROBERT L. TANKEL  
Street Address (P.O. Box Number is Not Acceptable)  
1299 MAIN ST, SUITE F  
City  
DUNEDIN FL Zip Code  
34698

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]* Robert L Tankel 4/17/2000  
(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	D SWEET, RUTH 2700 NEBRASKA AVE PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BULLION, DOROTHY 2700 NEBRASKA AVE PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, KAREN 2700 NEBRASKA AVE. 5-202 PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCEWAN, HOWARD 2700 NEBRASKA AVE 2-105 PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete GEBBIA, JOSEPH 2700 NEBRASKA AVE PALM HARBOR FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOWARD MAINTOSH 2700 NEBRASKA AVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROCE COLLINS 2700 NEBRASKA AVE PALM HARBOR, FL 34684

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]* DATE: 4/24/00 DAYTIME PHONE #