

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006211

1. Entity Name

WESTON TOWN CENTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

1205 ARVIDA PARKWAY  
WESTON FL 33327

Mailing Address

1205 ARVIDA PARKWAY  
WESTON FL 33327

2. Principal Place of Business

2900 Glades Circle

3. Mailing Address

2900 Glades Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33327

Country

Broward

Zip

33327

Country

Broward

4. FEI Number

65-1042708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARIC, JOHN  
7900 GLADES ROAD  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME DELANO, DOUGLAS C ☒ Delete  
STREET ADDRESS 1205 ARVIDA PARKWAY  
CITY-ST-ZIP WESTON FL 33327

TITLE VPD  
NAME MEARS, DONALD E JR. ☐ Delete  
STREET ADDRESS 1205 ARVIDA PARKWAY  
CITY-ST-ZIP WESTON FL 33327

TITLE STD  
NAME BROWN, DANIEL ☐ Delete  
STREET ADDRESS 1205 ARVIDA PARKWAY  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Capitena, Ronald ☒ Change ☐ Addition  
STREET ADDRESS 2900 Glades Circle  
CITY-ST-ZIP Weston, FL 33317

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

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

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

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 93648 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/24/02 9641  
217-7359