

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90037 025 \*\*\*\*66.25

**DOCUMENT # N06151**

Entity Name  
**PARK EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 NE SILVER SPRINGS BLVD.      3800 NE SILVER SPRINGS BLVD.  
 FL 32670      Ocala FL 34470-4987  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2715555**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STEDDOM, MARY B**  
**1701 S.E. FORT KING AVE.**  
**OCALA FL 34471**

7. Name and Address of New Registered Agent  
 Name      **Emily C. Weiss**  
 Street Address (P.O. Box Number is Not Acceptable)      **3800 N.E. Silver Springs Blvd. # 22**  
**OCALA**  
 City      **FL**      Zip Code      **34470**

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      **Emily C. Weiss**      *Emily C. Weiss*      **3/2/2000**  
 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**

**OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
PD <input type="checkbox"/> Delete <b>HEWITT, MARY L.</b> 3800 NE SILVER SPGS BLV Ocala FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
S <input type="checkbox"/> Delete <b>EILBACHER, VIVIAN V.</b> 3800 NE SILVER SPRINGS BLVD Ocala FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete <b>DAGG, LUCILLE</b> 3800 NE SILVER SPRINGS BLVD #14 Ocala FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete <b>HEWITT, ED</b> 3800 NE SILVER SPRINGS BLVD Ocala FL 34470	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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:      **MARY L. Hewitt, PD**      *Mary L. Hewitt*      **3/2/2000**      **352-694-1417**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE037 (9/99)