

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004223

1. Entity Name

TWO CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, I

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90028 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10730 US 19  
SUITE 17  
PORT RICHEY FL 34668  
US

10730 US 19  
SUITE 17  
PORT RICHEY FL 34668-2863  
US

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

59-3205126

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

QUALIFIED PROPERTY MANAGEMENT INC  
10730 US 19  
SUITE 17  
PORT RICHEY FL 34668

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 ~~PD~~ ☒ Delete  
NAME ~~GENE, KELLY --~~  
STREET ADDRESS ~~8103 HARROW PLACE --~~  
CITY-ST-ZIP ~~NEW PORT RICHEY FL --~~

TITLE PD ☐ Change ☒ Addition  
NAME Greene, Lenora  
STREET ADDRESS 9016 Cotswald Way  
CITY-ST-ZIP New Port Richey, FL

TITLE TD ☐ Delete  
NAME DUSOLD, HENRY  
STREET ADDRESS 9032 COTSWALD  
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ~~SD~~ ☒ Delete  
NAME ~~LIEBEL, BRENDA --~~  
STREET ADDRESS ~~8122 COTSWALD WAY --~~  
CITY-ST-ZIP ~~NEW PORT RICHEY FL --~~

TITLE VD ☐ Change ☒ Addition  
NAME DiMaria, Domiano  
STREET ADDRESS 9027 Warwick Lane  
CITY-ST-ZIP New Port Richey, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME Paul, Claire  
STREET ADDRESS 9109 Cotswald Way  
CITY-ST-ZIP New Port Richey, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Costello, Rosalie  
STREET ADDRESS 9017 Cotswald Way  
CITY-ST-ZIP New Port Richey, FL

TITLE ☐ Delete  
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 OF OFFICER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

Daytime Phone #