

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90016 042 ****70.00

DOCUMENT # N97000007016

1. Entity Name

WESTON LAND OWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 820010
 SOUTH FLORIDA FL 33082-0010

P.O. BOX 820010
 SOUTH FLORIDA FL 33082-0010

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

NOT APPLICABLE

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

WEEKLEY, DANIEL D
~~5450 S.W. 199TH AVENUE~~
FORT LAUDERDALE FL 33308

Name

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

5321 S.W. 199TH Avenue

City

FL

Zip Code

33332

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WEEKLEY, DANIEL D	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082-0010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	BENTON, ROBERT	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082-0010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	FRIPP, GARTH	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082-0010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BERGERON, RONALD M	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082-0010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 (DANIEL D. WEEKLEY)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000
 Date

954-389-5311
 Daytime Phone #

CR2E037 (9/99)