

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007016

1. Entity Name

WESTON LAND OWNERS ASSOCIATION INC.

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

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

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

~~2430 S.W. 140TH 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 PD ☐ Delete  
NAME WEEKLEY, DANIEL D  
STREET ADDRESS P.O. BOX 820010 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0010

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

TITLE VPD ☐ Delete  
NAME BENTON, ROBERT  
STREET ADDRESS P.O. BOX 820010 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0010

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

TITLE SD ☐ Delete  
NAME FRIPP, GARTH  
STREET ADDRESS P.O. BOX 820010 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0010

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

TITLE TD ☐ Delete  
NAME BERGERON, RONALD M  
STREET ADDRESS P.O. BOX 820010 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0010

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED~~ (DANIEL D. WEEKLEY)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000 954-389-5311

Date

Daytime Phone #

CR2E037 (9/99)