

2000 UNIFORM BUSINESS REPORT (UBR)

0010055
17

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A05882
1. Entity Name
LANDURA-LEESBURG, LTD.

Principal Place of Business: **516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756**
Mailing Address: **516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756-3302**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-1818679**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLYNN, THOMAS F
516 LAKEVIEW ROAD UNIT 8
CLEARWATER FL 33756

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

9. Capital Contributions as Shown on record: **\$191,700.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	Deleted
STREET ADDRESS	BJELLAND, RICHARD J.	CITY - ST - ZIP	
CITY - ST - ZIP	888 WILSON STREET		
	WOODBURN OR 97071		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FLYNN, THOMAS F.	CITY - ST - ZIP	
CITY - ST - ZIP	516 LAKEVIEW ROAD UNIT 8		
	CLEARWATER FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	Deleted
STREET ADDRESS	MIDURA, ROGER B.	CITY - ST - ZIP	
CITY - ST - ZIP	1761 BREAKERS WEST BLVD		
	WEST PALM BEACH FL 33411		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

Amendment filed 11/29/00

000003198459-3
-04/06/00--01067--008
*****535.00 ***535.00**

dcc

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas F. Flynn* **SIGNATURE REQUIRED** Thomas F. Flynn 2/29/00 727-449-1182 Ext 211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)