

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14128**

1. Entity Name

LEESBURG RRH, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

P.O. BOX 2228  
1316 SUMTER ST.  
LEESBURG FL 32749

Mailing Address

P.O. BOX 2228  
1316 SUMTER ST.  
LEESBURG FL 34748-6333



2. Principal Place of Business

613 12<sup>TH</sup> STREET  
Suite, Apt. #, etc.

3. Mailing Address

613 12<sup>TH</sup> STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LEESBURG FL.

City & State

LEESBURG FL.

4. FEI Number

59-2332429

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, BARRY  
1026 POINSETTIA RD  
DELRAY BEACH FL 33483

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.

\$161,000.00

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  
CITY - ST - ZIP

COHEN, BARRY M.  
19 WOODS LANE  
BOYNTON BEACH FL 33436

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS  
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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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Barry Cohen

3/11/00 (352) 787-2400  
Date Daytime Phone #