

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19888**

1. Entity Name

**LEESBURG RRH, LTD. II**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 10293  
CLEARWATER FL 33757

Mailing Address

P.O. BOX 10293  
CLEARWATER FL 33757-8293

2. Principal Place of Business

**613 S. 12<sup>TH</sup> STREET**

3. Mailing Address

**P.O. BOX 492228**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LEESBURG FL**

City & State

**LEESBURG FL**

4. FEI Number

**59-2891069**

Applied For

Not Applicable

Zip

Country

**34748 USA**

Zip

Country

**34749 USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROE, THOMAS  
66 HERALD DRIVE  
LEESBURG FL 34748**

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.

**\$100.00**

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

**ROE, THOMAS  
403 E SOMERSET DRIVE  
DERIDDER LA 70634**

STREET ADDRESS  
CITY - ST - ZIP

**PSC 37 Box 2578  
APO AE 09459**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

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* **SIGNATURE REQUIRED** **THOMAS K. ROE**

**3/31/00 (352) 287-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR: TONY MARI