

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90068 023 ***150.00

DOCUMENT # F98000002282

1. Entity Name
LEONHARDT SULLIVAN ASSOCIATES, INC.
LEONHARDT

Principal Place of Business 142 BRIDGE ROAD TEQUESTA FL 33469-2712	Mailing Address 142 BRIDGE ROAD TEQUESTA FL 33469-2712
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C0033678



DO NOT WRITE IN THIS SPACE

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 22-1821694	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SULLIVAN, FRANK J JR.
142 BRIDGE ROAD
TEQUESTA FL 33469-2712

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC	TITLE	
NAME	SULLIVAN, FRANK	NAME	
STREET ADDRESS	2805 LAUREL GREEN COURT	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SULLIVAN, JOHN	NAME	
STREET ADDRESS	5400 REAGAN RUN	STREET ADDRESS	
CITY-ST-ZIP	ANTIOCH TN 37013	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	SULLIVAN, JOAN	NAME	
STREET ADDRESS	689 SPRINGROCK HILL COURT	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30243	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank J. Sullivan, JR. Frank J. Sullivan, JR. 3-3-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20014 (9/99)