

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90106 031 ***150.00

DOCUMENT # K07111

1. Entity Name

LEESBURG COMMERCE CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

125 S SWOOPE AVE
 103
 MAITLAND FL 32751
 US

125 S SWOOPE AVE
 103
 MAITLAND FL 32751-5784
 US

2. Principal Place of Business

3. Mailing Address

411 NORTH 14TH STREET
 Suite, Apt. #, etc.

P.O. BOX 940877
 Suite, Apt. #, etc.

City & State

City & State

LEESBURG, FLORIDA

MAITLAND, FLORIDA

4. FEI Number

59-2869596

Applied For

Not Applicable

Zip

Country

32748

Zip

Country

32794-0877

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

MAGUIRE, RAYMER F., III
200 EAST ROBINSON STREET
SUITE 1250
ORLANDO FL 32801

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. 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 Delete
 NAME **D SCHIEFERDECKER, HOWARD A.**
 STREET ADDRESS **125 S SWOOPE AVE STE 103**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME **Schieferdecker, Howard A.**
 STREET ADDRESS **1605 King Arthur Circle**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE Delete
 NAME **D BRUCE, MYLREA**
 STREET ADDRESS **608 E CENTAL BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KIMBROUGH, ORMAN**
 STREET ADDRESS **236 S. LUCRENE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MAGUIRE, RAYMER F., III**
 STREET ADDRESS **200 E. ROBINSON ST. 1250**
 CITY-ST-ZIP **ORLANDO FL**

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
 Date

(407) 991-3711
 Daytime Phone #

CR2E034 (9/99)