

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90347 002 \*\*\*150.00

**DOCUMENT # K07111**

1. Entity Name  
**LEESBURG COMMERCE CENTER, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>411 NORTH 14 STREET<br/>         LEESBURG FL 34748<br/>         US</b> | Mailing Address<br><b>P.O. BOX 940877<br/>         MAITLAND FL 32751<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2869596</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |  |  |  |  |  |           |          |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>MAGUIRE, RAYMER F., III</b><br><b>200 EAST ROBINSON STREET</b><br><b>SUITE 1250</b><br><b>ORLANDO FL 32801</b> |  |  |  | Name   |  |  |  |           |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|   |  |  |  | City   |  |  |  | <b>FL</b> | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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                      | <b>D</b>                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>SCHIEFERDECKER, HOWARD A.</b> |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>1605 KING ARTHUR CIRCLE</b>   |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>MAITLAND FL 32751</b>         |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>BRUCE, MYLREA</b>             |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>608 E CENTAL BLVD</b>         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>KIMBROUGH, ORMAN</b>          |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>236 S. LUCRENE CIRCLE</b>     |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MAGUIRE, RAYMER F., III</b>   |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>200 E. ROBINSON ST. 1250</b>  |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>ORLANDO FL.</b>               |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                  |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                                  |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                                  |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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: HOWARD A. SCHIEFERDECKER Date: 4/14/02 Daytime Phone #: (407) 481-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)