

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N03467**

1. Entity Name

LEESBURG FOOD BANK, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90021 017 ****61.25

Principal Place of Business

Mailing Address

1305 SUNSHINE AVE.
 LEESBURG FL 34748
 US

1305 SUNSHINE AVE.
 LEESBURG FL 34748-3911
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2435968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, HARRIETTE L.
26214 GRASSY SPRAIN ROAD
SORRENTO FL 32776

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CD**
JOHNSON, ALICE
 STREET ADDRESS **P.O. BOX 490206 N/A**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
 NAME **CD**
Collins, Richard
 STREET ADDRESS **21839 Prince William Ct.**
 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE Delete
 NAME **TD**
WOJCIKIEWICZ, CHESTER P
 STREET ADDRESS **648 BANNING BEACH RD.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
HEATER, JEANETTE
 STREET ADDRESS **26630 RACQUET CIR**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
 NAME **VD**
RUCK, William
 STREET ADDRESS **7323 Harbor View Dr.**
 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE Delete
 NAME **SD**
COLLINS, RICHARD
 STREET ADDRESS **21839 PRINCE WILLIAM CT**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
 NAME **SD**
ADAMS, LOREN G.
 STREET ADDRESS **13052 LEMON AVE.**
 CITY-ST-ZIP **GRAND ISLAND, FL 34788**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chester P. Wojcikiewicz* **CHESTER P. WOJCIKIEWICZ** **3/15/00** **352-326-5463**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)