

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 023 ****61.25

DOCUMENT # N93000005475

1. Entity Name

LEADERSHIP SEMINOLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business SEMINOLE COMMUNITY COLLEGE 100 WELDON BLVD. SANFORD FL 32772-6199	Mailing Address SEMINOLE COMMUNITY COLLEGE 100 WELDON BLVD. SANFORD FL 32773-6132
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2. Principal Place of Business Seminole Co./Lake Mary Suite, Apt. #, etc. Regional Chamber of Commerce	3. Mailing Address 230 N. Westmonte Dr. Suite, Apt. #, etc. Suite 1974
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City & State (same as mailing address)	City & State Altamonte Springs, FL	4. FEI Number 59-3257486	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired 32714-3370 USA	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOREMAN, DOUGLAS 305 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name: Lisa Blackwelder Street Address (P.O. Box Number is Not Acceptable): 2200 Lucien Way, Ste. 350 City: Maitland, FL ZIP Code: 32751
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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]* Lisa Blackwelder DATE: 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEB LUCAS, BOB PO BOX 180487 CASSELBERRY FL 32718-0487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Clements Po Box 153000 Altamonte Springs, FL 32715-3000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEDLOW, KEN 190 S. HWY 427, UNIT 108 LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Felty 2150 Candleridge Ct. Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUDY RANKIN 1220 DOUGLAS AVE #207 LONGWOOD FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson-clcct <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandy Szczesniak 1000 AAA Drive M570 Heathrow, FL 32746-5063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Bob Lucas DATE: 4-26-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 6955535
Date Daytime Phone #

CR2E037 (9/99)