

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90242 043 ****61.25

DOCUMENT # N94000000990

1. Entity Name

LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATIO

Principal Place of Business

Mailing Address

136 S. BRONOUGH ST.
TALLAHASSEE FL 32301

P.O. BOX 11309
TALLAHASSEE FL 32302-3309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3201445

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASSELS, LEON
136 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32301

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 **P RYLL, FRANK**
 STREET ADDRESS **136 S. BRONOUGH ST.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T CASSELS, LEON H.**
 STREET ADDRESS **136 S. BRONOUGH**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ARENSON, GARY**
 STREET ADDRESS **10231 TAFT STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME **D Blue, Barbara Ann**
 STREET ADDRESS **3225 South MacDill Ave., Ste 129**
 CITY-ST-ZIP **Tampa, FL 33629-1154**

TITLE Delete
 NAME **D/CH FRANK S IOPPOLD, SR**
 STREET ADDRESS **1375 BUENA VISTA DR., # NORTH**
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE Change Addition
 NAME **D Fred Leonhardt**
 STREET ADDRESS **201 East Pine St, Ste 1200**
 CITY-ST-ZIP **Orlando, FL 32802-3068**

TITLE Delete
 NAME **D BARTELL, JERREY S. BART**
 STREET ADDRESS **200 S. BISCAYNE BLVD., #4000**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PSCH SINK, ALEX**
 STREET ADDRESS **400 N. ASHLEY DR. 15TH FLOOR**
 CITY-ST-ZIP **TAMPA FL**

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 *Leon H. Casels* **Leon H. Casels, Treasurer** 4/3/2000 850-521-1211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)