

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90004 044 ****61.25

DOCUMENT # N94000000990

1. Entity Name

LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATIO

Principal Place of Business

136 S. BRONOUGH ST.
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 11309
TALLAHASSEE FL 32302-3309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3201445

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASSELS, LEON
136 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RYLL, FRANK	
STREET ADDRESS	136 S. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASSELS, LEON H.	
STREET ADDRESS	136 S. BRONOUGH	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUE, BARBARA A	
STREET ADDRESS	3225 S MACDILL AVE STE 129	
CITY-ST-ZIP	TAMPA FL 33629-1154	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONHARDT, FRED	
STREET ADDRESS	201 E PINE ST STE 1200	
CITY-ST-ZIP	ORLANDO FL 32802-3068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTELL, JERREY S. BART	
STREET ADDRESS	200 S. BISCAYNE BLVD., #4000	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSCH	<input checked="" type="checkbox"/> Delete
NAME	SINK, ALEX	
STREET ADDRESS	400 N. ASHLEY DR. 15TH FLOOR	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Powell, David L.	
STREET ADDRESS	123 S. Calhoun St	
CITY-ST-ZIP	Tallahassee, FL 32301-1517	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

Signature of Leon Casseles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01

850-521-1211

CR2E037 (10/00)