

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 025 ****61.25

DOCUMENT # N94000003076

1. Entity Name
LEESBURG PARTNERSHIP, INC.

Principal Place of Business 111 S 6 ST LEESBURG FL 34748 US	Mailing Address P O BOX 490043 LEESBURG FL 34749-0043 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3255632		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HARGROVE, JAMD 515 W MAIN ST LEESBURG FL 34748				Name Rhonda Gerber			
				Street Address (P.O. Box Number is Not Acceptable) 111 S. 6th STREET			
				City Leesburg			
				State FL Zip Code 34748			

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 *Rhonda Gerber* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE 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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGROVE, JACK H JR		NAME		
STREET ADDRESS	515 E MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, GREG		NAME		
STREET ADDRESS	206 N 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, ED		NAME		
STREET ADDRESS	106 PALMORA BLVD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, JOY		NAME		
STREET ADDRESS	4315 LAKE ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP		
TITLE	PO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Gerber		NAME		
STREET ADDRESS	9251 Silver Lake Dr.		STREET ADDRESS		
CITY-ST-ZIP	Leesburg FL 34788		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henri Couture		NAME		
STREET ADDRESS	33643 Shady Acres Rd		STREET ADDRESS		
CITY-ST-ZIP	Leesburg FL 34748		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: *Rhonda Gerber* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)