## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 02, 2001 8:00 am § Secretary of State DOCUMENT # **N9400003076** 1. Entity Name LEESBURG PARTNERSHIP, INC. 02-02-2001 90302 050 \*\*\*\*61.25 Principal Place of Business Mailing Address 111 S 6 ST P O BOX 490043 LEESBURG FL 34748 LEESBURG FL 34749-0043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3255632 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -GERBER, RHUNDA 111 S STH STREET LEESBURG FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Added to Fees FEE IS \$61.25 **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD Addition TITLE ☐ Delete TITLE Change michael Peder NAME PADGETT, GREG NAME STREET ADDRESS 206 N 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 Leesbura **Addition** TITLE ☐ Change TOM ANGICH GERBER, RHONDA NAME NAME 706 W Main STREET ADDRESS 9251 SILVER LAKE DR STREET ADDRESS CITY-ST-ZIP Leesbura LEESBURG FL 34788 CITY-ST-ZIF **VPD** Delete TITLE TITLE Change ☐ Addition COUTURE. HENRI NAME NAME 33643 Shady Acres ed STREET ADDRESS 33643 SHADY ACRES RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ( pes burch LEESBURG FL 34798 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE . 🔲 Change 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP