2000 UNIFORM BUSINESS REPORT (UBR) 3/3 FILED DOCUMENT # N98000005863 Aug 21, 2000 8:00 am Secretary of State 1. Entity Name LEESBURG PARTNERSHIP II. INC. 08-01-2000 90114 049 ****61.25 03-03-2000 90248 018 ****61.25 Principal Place of Business Mailing Address 111 SOUTH 5TH STREET P.O. BOX 490043 LEESBURG FL 34748 LEESBURG FL 34749 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 59*-363*5358 City & State Applied For City & State 4. FEI Nuciber APPLIED FOR Not Applicable ~ Zlp __ _ Country Ziρ Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) HARGROVE, JACK H--111 SOUTH OTH 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min: will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 900 Addition TITLE. Delete TITLE ☐ Change NAME HARGROVE, JACK H MAKE STREET ADDRESS 515 WEST MAIN STREET STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE GERBER, RHONDA H NAME NAME STREET ADDRESS 9251 SILVER LAKE DRIVE STREET ADDRESS CITY-ST-ZIF LEESBURG FL 34788 CITY-ST-ZIP ■ Addition Change TITLE Velete πле KIGHT, JOYCE L NAME NAME STREET ADDRESS STREET ADDRESS **4315 LAKE STREET** CITY-ST-ZIP CITY-ST-78 LEESBURG FL 34748 ☐ Addition Delete Change PADGETT, GREGORY P NAME NAME STREET ADDRESS STREET ADORESS 206 NORTH 3RD STREET CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 Change ☐ Addition TITLE Delete TIT) F Henri Couture NAME NAME 700 S. Lake STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE lew mot TITLE ☐ Change ☐ Addition Oelete NAME 706 w.main NAME STREET ADDRESS STREET ADDRESS رووړنينه CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a statement with an address with all other like employered. changed, or on an attachment with a address, with all other like en SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR