

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90302 010 \*\*\*\*61.25

**DOCUMENT # N98000005863**  
 1. Entity Name  
**LEESBURG PARTNERSHIP II, INC.**

Principal Place of Business <b>111 SOUTH 6TH STREET LEESBURG FL 34748</b>	Mailing Address <b>P.O. BOX 490043 LEESBURG FL 34749</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3635358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
~~HARGROVE, JACK H~~  
~~111 SOUTH 6TH STREET~~  
~~LEESBURG FL 34748~~

7. Name and Address of New Registered Agent  
 Name **Henri Couture**  
 Street Address (P.O. Box Number is Not Acceptable)  
**700 S. LAKE ST.**  
 City **Leesburg** 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: *Henri Couture, pres* DATE: **1/25/01**  
(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERBER, RHONDA H</b> <input checked="" type="checkbox"/> Delete <b>9251 SILVER LAKE DRIVE LEESBURG FL 34788</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADGETT, GREGORY P</b> <input type="checkbox"/> Delete <b>206 NORTH 3RD STREET LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COUTURE, HERRI</b> <input type="checkbox"/> Delete <b>700 S LAKE STREET LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELCH, TOM</b> <input type="checkbox"/> Delete <b>706 W MAIN STREET LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Michael Pederson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>515 W. MAIN ST Leesburg FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Signature Requisites* DATE: **1/25/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)