

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085680

1. Entity Name

LEO EQUITY GROUP, INC.

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

03-03-2000 90256 047 ***150.00

Principal Place of Business

777 E. PORT ROAD
RIVIERA BCH FL 33404
US

Mailing Address

777 E. PORT ROAD
RIVIERA BCH FL 33404-6981
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3470648**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCTIGHE, JOHN M.
777 E. PORT ROAD
RIVIERA FL 33404

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS W	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEO, FRANK	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIUCCI, JACK	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS X	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN P.	
STREET ADDRESS	2790 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCTIGHE, JOHN M	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	

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	<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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

John M. McTighe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 16, 2000

Date

561/845-2101

Daytime Phone #

CR2E034 (9/99)