

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769417

1. Entity Name

FRIENDS OF LEU GARDENS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90015 009 ****61.25

Principal Place of Business

C/O ROBERT E. BOWDEN
1920 N. FOREST AVE.
ORLANDO FL 32803-1537
US

Mailing Address

1920 NORTH FOREST AVENUE
ORLANDO FL 32803-1537
US

00011646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1920 N. Forest Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-2319239

Applied For

Not Applied For

Zip

Country

Zip

32803

Country

US

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

BOWDEN, ROBERT E.
1920 NORTH FOREST AVENUE
ORLANDO FL 32803

Name

Bowden, Robert E

Street Address (P.O. Box Number is Not Acceptable)

1920 N. Forest Ave.

City

Orlando

FL

Zip Code
32803

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME ADAMS, CRAIG
STREET ADDRESS 3930 SOUTHPOINTE DR. #218
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MOTT, BETHANY
STREET ADDRESS PO BOX 65 N/A
CITY-ST-ZIP GOTH A FL 34734

TITLE ☐ Change ☒ Addition
NAME Kaplan, Peggy
STREET ADDRESS 3601 Exeter Court
CITY-ST-ZIP Orlando FL 32812

TITLE D ☒ Delete
NAME JONES, FREDERICK
STREET ADDRESS P.O. BOX 536815 N/A
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME Klausman, Glenn
STREET ADDRESS 1633 Lakeside Drive
CITY-ST-ZIP Orlando FL 32803

TITLE VC ☐ Delete
NAME PRINE, NANCY
STREET ADDRESS P.O. BOX 536815 N/A
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME Odom, Michael
STREET ADDRESS 2510 E. Central Blvd.
CITY-ST-ZIP Orlando FL 32803

TITLE D ☒ Delete
NAME BROWN, BRANDON
STREET ADDRESS 2611 CORRINE DR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME Scott, Marilyn
STREET ADDRESS 3348 S. Semoran Blvd. Apt.11
CITY-ST-ZIP Orlando FL 32822

TITLE D ☒ Delete
NAME CARR, EDWARD
STREET ADDRESS 32 W. GORE ST.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME Villazon, Daniel
STREET ADDRESS 13049 Crystal Cove Drive
CITY-ST-ZIP Orlando, FL 32828

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 (407) 246-8200

Date

Daytime Phone #