

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19888

1. Entity Name

LEESBURG RRH, LTD. II

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

rf



Principal Place of Business

P.O. BOX 10293
CLEARWATER FL 33757

Mailing Address

P.O. BOX 10293
CLEARWATER FL 33757-8293

2. Principal Place of Business

613 S. 12TH STREET

3. Mailing Address

P.O. BOX 492228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

34748

Country

USA

Zip

34749

Country

USA

4. FEI Number

59-2891069

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROE, THOMAS
66 HERALD DRIVE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

ROE, THOMAS
403 E SOMERSET DRIVE
DERIDDER LA 70634

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

PSC 37 BOX 2578

APO AE 09459

STREET ADDRESS

CITY - ST - ZIP

100003230031-0

STREET ADDRESS

CITY - ST - ZIP

04/28/00-01/27/00
****150.00 ****150.00

DOCUMENT #

NAME

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS K. ROE

3/31/00

Date

(352) 287-2700

Daytime Phone #