

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90179 033 ****61.25

0012379

DOCUMENT # 769417

1. Entity Name

FRIENDS OF LEU GARDENS, INC.

Principal Place of Business

Mailing Address

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

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 Applicable

Zip

Country

Zip

Country

32803**US**5. Certificate of Status Desired ☐**\$8.75 Additional
Fees 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

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

FILE NOW: FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	ADAMS, CRAIG	
STREET ADDRESS	3930 SOUTHPONTE DR. #218	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley, Shirley	
STREET ADDRESS	2127 Monte Carlo Trail	
CITY-ST-ZIP	Orlando, FL 32805	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRST, HELEN	
STREET ADDRESS	2026 SIESTA LANE	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jr, Carl Kelly	
STREET ADDRESS	4465 Gabriella Lane	
CITY-ST-ZIP	Winter Park, FL 32792	

TITLE	D	<input type="checkbox"/> Delete
NAME	KLAUSMAN, GLENN	
STREET ADDRESS	1633 LAKESIDE DR	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	PRINE, NANCY	
STREET ADDRESS	PO BOX 536815	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prine, Nancy	
STREET ADDRESS	PO BOX 536815	
CITY-ST-ZIP	Orlando, FL 32853	

TITLE	VC	<input type="checkbox"/> Delete
NAME	ODOM, MICHAEL	
STREET ADDRESS	2510 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Odom, Michael	
STREET ADDRESS	2510 E. Central Blvd	
CITY-ST-ZIP	Orlando, FL 32803	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, MARILYN	
STREET ADDRESS	3348 S SEMORAN BLVD APT 11	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)