

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90118 011 \*\*\*\*61.25

**DOCUMENT # 769417**

1. Entity Name

**FRIENDS OF LEU GARDENS, INC.**



Principal Place of Business

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

Mailing Address

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

**30048440**



2. Principal Place of Business

3. Mailing Address

**1920 N. Forest Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32803**

**US**

4. FEI Number **59-2319239**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADAMS, CRAIG</b>	
STREET ADDRESS	<b>3930 SOUTHPOINTE DR. #218</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, CARL JR</b>	
STREET ADDRESS	<b>4465 GABRIELLA LANE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KLAUSMAN, GLENN</b>	
STREET ADDRESS	<b>1633 LAKESIDE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRINE, NANCY</b>	
STREET ADDRESS	<b>PO BOX 536815</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32853</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ODOM, MICHAEL</b>	
STREET ADDRESS	<b>2510 E CENTRAL BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>BRADLEY, SHIRLEY</b>	
STREET ADDRESS	<b>2127 MONTE CARLO TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nancy DuRose</b>	
STREET ADDRESS	<b>7421 Somerset Shores CT.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ramon Murray</b>	
STREET ADDRESS	<b>P.O.Box 608814</b>	
CITY-ST-ZIP	<b>Orlando, FL 32860-8814</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carla Warlow</b>	
STREET ADDRESS	<b>306 East Harwood St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
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		

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**

**2/26/03**

**407-647-8070**

CR2E037 (10/02)