

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 219505

1. Entity Name
LEFFLER COMPANY

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

09-05-2000 90043 040 ***550.00

Principal Place of Business

P.O. BOX 1845
421 S. VA. AVENUE
SANFORD FL 32771
US

Mailing Address

P.O. BOX 1845
421 S. VA. AVENUE
SANFORD FL 32771
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 59-6064452

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

LEFFLER, THOMAS V.
421 VIRGINIA AVE.
SANFORD FL 32771

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	LEFFLER, THOMAS V.	
STREET ADDRESS	P O BOX 4150 N/A	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSH, ELIZABETH	
STREET ADDRESS	2025 HIBISCUS CT	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLING, ROBERT R.	
STREET ADDRESS	1104 PALM SPRINGS TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEFELER, KENNETH M.	
STREET ADDRESS	1400 WINDSOR AVE.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LEFFLER, CHARLES W.	
STREET ADDRESS	31 WALNUT LANE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLING, LILA L	
STREET ADDRESS	5327 RIVERSIDE DR	
CITY-ST-ZIP	HOMASASSA FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	421 S. VIRGINIA AV.	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BUSH	
STREET ADDRESS	2025 HIBISCUS CT	
CITY-ST-ZIP	SANFORD, FL 32771	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.S. LEFFLER CHARLES W	
STREET ADDRESS	1095 N. US #1 SUITE 6	
CITY-ST-ZIP	ORMOND BEACH, FL.	
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 an address, with all other like empowered.

SIGNATURE:

Thomas V. Leffler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-2000

Date

Daytime Phone #

CR2E034 (5/00)