

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90008 050 \*\*\*150.00

0042227 AV

**DOCUMENT # 237932**

**1. Entity Name**  
**LEON PROPANE INC**

**Principal Place of Business**  
**4750 WOODVILLE HIGHWAY**  
**TALLAHASSEE FL 32310**  
**US**

**Mailing Address**  
**4750 WOODVILLE HIGHWAY**  
**TALLAHASSEE FL 32310**  
**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**  
**59-0905676**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SEITZINGER, JACK**  
**4750 WOODVILLE HIGHWAY**  
**TALLAHASSEE FL 32314**

**7. Name and Address of New Registered Agent**

Name **Jack Seitzinger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4750 Woodville Highway**  
 City **Tallahassee FL** Zip Code **32314**

**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 Jack Seitzinger Manager 1-14-02  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTOX, K W, JR	
STREET ADDRESS	210 GORDON ST.	
CITY-ST-ZIP	LAGRANGE GA 30240	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, DEANNA	
STREET ADDRESS	2076 STOVALL ROAD	
CITY-ST-ZIP	LAGRANGE GA 30241	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTOX, ZACHRY	
STREET ADDRESS	2295 MOODY BRIDGE RD.	
CITY-ST-ZIP	LAGRANGE GA 30240	
TITLE	C	<input type="checkbox"/> Delete
NAME	MATTOX, BETTY	
STREET ADDRESS	639 COUNTRY CLUB RD.	
CITY-ST-ZIP	LAGRANGE GA 30240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	

**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 687, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FOREST SHEPHERD**

Date

Daytime Phone #

**1-14-02 770-502-8800**

CR2E034 (9/01)