

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455571

1. Entity Name

LEIGH REALTY OF FLORIDA, INC.

FILED

00 FEB -7 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

21125 HAMLIN DR.
BOCA RATON FL 33433

21125 HAMLIN DR.
BOCA RATON FL 33433-7432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2183900

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

LEIGH, SAMUEL
21125 HAMLIN DRIVE
BOCA RATON FL 33433

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEIGH, SAMUEL
21125 HAMLIN DR.
BOCA RATON FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LAMPERT, JEROME
20131 FAIRFAX DRIVE
BOCA RATON FL 33434



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LEIGH, STEVEN H
1149 CEDAR RIDGE ROAD
OYSTER BAY NY 11711



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LEIGH, NANCY
322 W. 57TH STREET
NEW YORK NY 10019



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



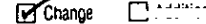
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003136438--5
-02/15/00--01116--020
****163.75 ****163.75



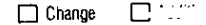
TITLE
NAME
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CITY-ST-ZIP



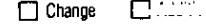
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP-CEO
LEIGH, STEVEN H.
1039 FRIENDLY ROAD
UPPER BROOKVILLE, NY 11771



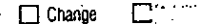
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CITY-ST-ZIP



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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAMUEL LEIGH 2/3/00 561-479-37