FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 496015

1. Entity Name
THE LEONARD PARKER COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
201 ALHAMBRA CIRCLE		201 ALHAMBRA CIRCLE	
Suite, Apt. #, etc. SUITE 600		Suite, Apt. #, etc. SUITE 600	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country US	Zip 33134	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1646727 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ULLMAN, SAMUEL C.
Street Address (P.O. Box Number is Not Acceptable) C/O KELLEY DRYE & WARREN
201 S. BISCAYNE BLVD., SUITE 2400
City MIAMI FL Zip Code 33131

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C PARKER, LEONARD 201 ALHAMBRA CIRCLE STE 600 CORAL GABLES FL 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO PARKER, DOUGLAS 201 ALHAMBRA CIRCLE STE 600 CORAL GABLES FL 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500005508555--4 -05/14/02--01006--017 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~HIRSH, DOLORES~~ 201 ALHAMBRA CIRCLE STE 600 ~~CORAL GABLES FL 33134~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Dolores Hirsh VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #