

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499264

1. Entity Name  
LEETEL, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90127 023 \*\*\*150.00

Principal Place of Business  
800 FIRSTSTATE TOWER  
255 S ORANGE AVE  
ORLANDO FL 32801  
US

Mailing Address  
800 FIRSTSTATE TOWER  
255 S ORANGE AVE  
ORLANDO FL 32801-3445  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, W. KELLY  
255 S. ORANGE AVE., 800 CNA TOWER  
ORLANDO FL 32801

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE PD  
NAME SMITH, W. KELLY  
STREET ADDRESS 255 S. ORANGE AVE., SUITE 800  
CITY-ST-ZIP ORLANDO FL

TITLE S  
NAME SMITH, L.R.  
STREET ADDRESS 255 S. ORANGE AVE., SUITE 800  
CITY-ST-ZIP ORLANDO FL

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: W. Kelly Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 407/843-7300  
Date Daytime Phone #

CR2E034 (9/99)