

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643016

1. Entity Name

LESLEY GROVES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90024 041 ***150.00

Principal Place of Business

Mailing Address

804 S WOODLYN DR
TAMPA FL 33609
US

804 S WOODLYN DR
TAMPA FL 33609-4041
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

59-1944000

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

LESLEY, JOHN T.
35014 BAYSHORE BLVD STE 710
TAMPA FL 33629

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	D	<input type="checkbox"/> Delete
NAME	WHEDBEE, INDIA LL	
STREET ADDRESS	4601 WARREN ST N W	
CITY-ST-ZIP	WASHINGTON, DC 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LESLEY, LOUSIA	
STREET ADDRESS	3501 BAYSHORE BVD STE 710	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LESLEY, JOHN T. JR	
STREET ADDRESS	804 S. WOODLYN DR.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACEY, SUSAN L.	
STREET ADDRESS	15340 BETHANY RD	
CITY-ST-ZIP	ALPHARETTA, GA 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LESLEY, JOHN T	
STREET ADDRESS	3501 BAYSHORE BLVD STE 710	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> Delete
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		
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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 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 #

4-17-00

813-554-3200

CR2E034 (9/99)