

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717448

1. Entity Name

LOUISE GRAHAM REGENERATION CENTER, INC.

Principal Place of Business

Mailing Address

2301 3RD AVE SOUTH
ST PETERSBURG FL 33712-1646
US

2301 3RD AVE SOUTH
ST PETERSBURG FL 33712-1646
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 59-1305743

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEEDS III, FRANK
2301-3RD AVENUE SOUTH
ST PETERSBURG FL 33712

2301 3rd Ave S

St Petersburg

33712

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME SHIRLEY, BENJAMIN
STREET ADDRESS 627 69TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete

NAME SD CLINGMAN, JOY D
STREET ADDRESS 140 7TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete

NAME ED LEEDS III, FRANK
STREET ADDRESS 390 BOCA CIEGO POINT BLVD
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete

NAME D JENKINS, ROBERT MD
STREET ADDRESS 2642 70TH AVE S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Leeds III, CEO 1-3-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90051 041 ****61.25



DO NOT WRITE IN THIS SPACE

727-327-7777