

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 721791**

1. Entity Name

**LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATI
ON, INC.**

Principal Place of Business

**135 LEUCADENDRA DRIVE
CORAL GABLES FL 33156**

Mailing Address

**135 LEUCADENDRA DRIVE
CORAL GABLES FL 33156**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BALZEBRE, DOROTHY
135 LEUCADENDRA DRIVE
CORAL GABLES FL 33156****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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. 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 **PD** ☐ Delete
NAME **BALZEBRE, ANTHONY F**
STREET ADDRESS **135 LEUCADENDRA DR.**
CITY-ST-ZIP **CORAL GABLES FL 33156**TITLE **VD** ☐ Delete
NAME **WINSLOW, OLIVER**
STREET ADDRESS **145 LEUCADENDRA DR.**
CITY-ST-ZIP **CORAL GABLES FL 33156**TITLE **STD** ☐ Delete
NAME **BALZEBRE, DOROTHY**
STREET ADDRESS **135 LEUCADENDRA DR.**
CITY-ST-ZIP **CORAL GABLES FL 33156**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:**SIGNATURE REQUIRED***Dorothy Balzbre, 1/10/02 - 305***FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90105 034 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)