

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

03-11-2002 90072 026 \*\*\*\*70.00

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 736213

1. Entry Name

Leonard Lodges, Inc

**DO NOT WRITE IN THIS SPACE**

21627

2. Principal Place of Business

do SCMHS

3. Mailing Address

do SCMHS

DO NOT WRITE IN THIS SPACE

Suite, Apt., #, etc.

16158 S. Military Trl

Suite, Apt., #, etc.

16158 S. Military Trl

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

59-1678099

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip

Country

33484

Zip

Country

33484

7. Name and Address of Current Registered Agent

Name

Joseph S. Speicher

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

16158 S. Military Trl

City

Delray Beach

FL

Zip Code

33484

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25

Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P Speicher, Joseph S.  
16158 S Military Trail  
Delray Beach FL 33484

D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D Morgan, Carol  
16158 S Military Trail  
Delray Beach FL 33484

D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D Lefton, Jeffrey  
16158 S Military Trail  
Delray Beach FL 33484

D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth S. Rubin

KENNETH S. RUBIN

12/27/01

(561) 495-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0378 (12/01)