

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816013

1. Entity Name  
LEE ACRES CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90151 039 \*\*\*150.00

Principal Place of Business

7571 MEADOW CT.  
DUBLIN CA 94568  
US

Mailing Address

7571 MEADOW CT.  
DUBLIN CA 94568-5519  
US

2. Principal Place of Business

13672 Bromley Pt Dr  
Suite, Apt. #, etc.

3. Mailing Address

13672 Bromley Point Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

38-1720989

Applied For

Not Applicable

Zip

Country

32225 USA

Zip

Country

32225 USA

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

MUSHO, DAVID  
1015 CICERO LANE  
BRANDON FL 33511

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	P	<input type="checkbox"/> Delete
NAME	OUELLETE, ROBERT	
STREET ADDRESS	7571 MEADOW CT.	
CITY-ST-ZIP	DUBLIN CA 94568	
TITLE	T	<input type="checkbox"/> Delete
NAME	KALAYNACH, MICHAEL	
STREET ADDRESS	3825 22ND STREET	
CITY-ST-ZIP	WYANDOTTE MI	
TITLE	SM	<input type="checkbox"/> Delete
NAME	OUELLETTE, GLORIA	
STREET ADDRESS	7571 MEADOW CT.	
CITY-ST-ZIP	DUBLIN CA 94568	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARGO, MICHAEL	
STREET ADDRESS	4402 BUCKINGHAM	
CITY-ST-ZIP	ROYAL OAK MI 94568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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NAME	
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

Gloria Ouellette - secretary  
Lee Acres Corp

Date

4/24/00 904 220 2607

Daytime Phone #

CR2E034 (9/99)