

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000633**

1. Entity Name

**LEIGHTON CAPITAL PARTNERS, LTD.**

Principal Place of Business

**POST OFFICE BOX 1273  
STUART FL 34995**

Mailing Address

**POST OFFICE BOX 1273  
STUART FL 34995**

APPROVE  
AND  
FILED

02 APR 17 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEIGHTON, JOHN S. III**

**2330 SW ESTELLA TERRACE  
PALM CITY FL 34990**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**10,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000058584**  
NAME **LEIGHTON CONSTRUCTION, INC.**  
STREET ADDRESS **2330 SW ESTELLA TERRACE**  
CITY-ST-ZIP **PALM CITY FL 34990**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/12/01**

Date

Daytime Phone #

**561-283-3266**

CP2E003 (9/01)

0016510 AT

AR/UBR Batch # 37394

*Scan Only*



**COR - ANN REP/UNIFORM BUS REP**

Prep. Name: _____	Scanner Name: <u>RAV</u>
Prep. Date: _____	Box Number: <u>02-194</u>