

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04789**

1. Entity Name

LEESBURG PROFESSIONAL OFFICE PROPERTIES, LTD.

FILED

Principal Place of Business
**2025 W. OLD HIGHWAY 441
MT. DORA FL 32757**

Mailing Address
**2025 W. OLD HIGHWAY 441
MT. DORA FL 32757**

01 JAN 29 AM 11:52
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

59-1737787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORDINI, EDITH R.
202 ORCHID WAY
HOWEY-IN-THE-HILLS FL 34737**

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. Capital Contributions
as Shown on record.

\$65,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MATSCHKE, JOHN J.
2023 W. OLD HWY 441
MT. DORA FL**

STREET ADDRESS
CITY-ST-ZIP
**21405 Wolf Branch Rd.
Mt. Dora, Fl. 32757**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORDINI, EDITH
202 ORCHID WAY
HOWEY FL**

STREET ADDRESS
CITY-ST-ZIP
**400003661254--3
-02/08/01-01034-015**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
*******526.25 *****526.25**

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STREET ADDRESS
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:

Edith R. Mordini

1/25/2001

352-383-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

1020364 SP