

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07097**

1. Entity Name  
**LEISURE COMMUNITIES, LTD.**



Principal Place of Business  
**146 HORIZON COURT  
LAKELAND FL 33813**

Mailing Address  
**C/O FRANK H. HAAS  
146 HORIZON CT.  
LAKELAND FL 33813**

FILED  
03 FEB 24 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **94-6404030**

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

**HAAS, FRANK H  
146 HORIZON CT.  
LAKELAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **K97593**  
NAME **HAAS & ASSOC INC.**  
STREET ADDRESS **146 HORIZON COURT**  
CITY-ST-ZIP **LAKELAND FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **HAAS, FRANK H**  
NAME **146 HORIZON CT.**  
STREET ADDRESS **LAKELAND FL 33813**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700012873287**  
**02/21/03 01001-021 \*\*158.75**

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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

*Haas & Associates, Inc. General Partner*

SIGNATURE: **by [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/29/03 863 646 2699**

Date Daytime Phone #

CR2E003 (10/02)