

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001643 AF

DOCUMENT # **A94000000219**

1. Entity Name

**LECESSE WICKHAM ASSOCIATES, LTD.**

FILED

01 APR 27 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2221 LEE RD., SUITE 28 WINTER PARK FL 32789</b>	Mailing Address <b>2221 LEE RD., SUITE 28 WINTER PARK FL 32789</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3227982</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>LECCSE, JACQUELINE 2221 LEE RD., SUITE 28 WINTER PARK FL 32789</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$493,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P94000007395</b>	NAME <b>CAMBRIDGE WICKHAM, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>2221 LEE RD., SUITE 28</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>			
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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: *Jacqueline Leccese* **4-19-01** **407-645-5575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)