

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002327**

1. Entity Name  
**LEECH INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business  
**2787 DICK WILSON DR.  
SARASOTA FL 34240**

Mailing Address  
**2787 DICK WILSON DR.  
SARASOTA FL 34240-8727**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
**65-0870956**  
**APPLIED FOR**

4. FEI Number ☐ Applied For  
☐ Not Applicable

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

**DARNELL, ROBERT W  
2033 MAIN STREET, SUITE 400  
SARASOTA FL 34237**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000,000.00** 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 **LEECH, JOHN L**  
STREET ADDRESS **23 GOLF VIEW DRIVE**  
CITY - ST - ZIP **ENGLEWOOD FL 34223**

STREET ADDRESS **600003237036--7**  
CITY - ST - ZIP **-05/03/00--01073--006**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME **LEECH, M. ELEANOR**  
STREET ADDRESS **23 GOLF VIEW DRIVE**  
CITY - ST - ZIP **ENGLEWOOD FL 34223**

STREET ADDRESS  
CITY - ST - ZIP

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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

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/25/2000** **(941) 341-0740**  
Date Daytime Phone #

CR2E003 (9/99)