

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20683

1. Entity Name

LEISURE CITY SERVICE CENTER, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90018 043 ***150.00

Principal Place of Business

29421 SW 152ND AVENUE
LEISURE CITY, FL 33033-2847

Mailing Address

C/O BLAKESBERG & COMPANY CPA's
951 S.W. 4TH AVENUE
BOCA RATON, FL 33432-5803

825308

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

59-2083776

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

LEON, REINALDO
29421 S.W. 152ND AVENUE
LEISURE CITY, FL 33033

7. Name and Address of New Registered Agent

Name

WILLIAM BLAKESBERG

Street Address (P.O. Box Number is Not Acceptable)

C/O BLAKESBERG & CO CPAS

951 SW 4TH AVE

City

BOCA RATON

FL

Zip Code

33432-5803

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

William J. Blakesberg
WILLIAM J. BLAKESBERG

(NOTE: Registered Agent signature required when reinstating)

3/17/00

(DATE)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEON, REINALDO**
STREET ADDRESS **29421 S.W. 152ND AVE**
CITY-ST-ZIP **LEISURE CITY, FL**

TITLE **VP** ☐ Delete
NAME **NIETO, MIRIAM**
STREET ADDRESS **29421 SW 152ND AVE**
CITY-ST-ZIP **LEISURE CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

(Date)

561-750-8300

Telephone Number