

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90148 029 ***150.00

DOCUMENT # F98000001934

1. Entity Name

THOMAS LEE PROPERTIES, INC.

Principal Place of Business

15419-15423 LIVINGSTON AVE
LUTZ FL 33549
US

Mailing Address

7430 LUTZ LAKE FERN ROAD
ODESSA FL 33556
US

2. Principal Place of Business

15417-15423 Livingston Ave.

3. Mailing Address

7430 Lutz Lake Fern Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FLA.

City & State

Odessa, FLA.

Zip
33549

Country

USA

Zip

33556

Country

USA

4. FEI Number

31-1361485

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

HAUGHT, ROBERT J
7430 LUTZ LAKE FERN ROAD
ODESSA FL 33556

Name

Robert J. Haught

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

7430 Lutz Lake Fern Rd.

City

Odessa

FL

Zip Code

33556

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. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HARRISON, THOMAS C**
STREET ADDRESS **9696 FALLSBRIDGE COURT**
CITY-ST-ZIP **CINCINNATI OH 45231**

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

TITLE **VT** ☐ Delete
NAME **HAUGHT, ROBERT J**
STREET ADDRESS **7430 LUTZ LAKE FERN ROAD**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **S** ☐ Delete
NAME **HAUGHT, CHRISTINE**
STREET ADDRESS **7430 LUTZ LAKE FERN ROAD**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Haught V.P. 1/9/01 813-926-2921

CR2E034 (10/00)