

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001934

1. Entity Name

THOMAS LEE PROPERTIES, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90071 027 ***150.00

Principal Place of Business
15417-15423 LIVINGSTON AVE
LUTZ FL 33549
US

Mailing Address
7430 LUTZ LAKE FERN ROAD
ODESSA FL 33556
US

2. Principal Place of Business
7430 Lutz Lake Fern Rd. Odessa, FL 33556
Suite, Apt. #, etc.

3. Mailing Address
7430 Lutz Lake Fern Rd. Odessa, FL 33556
Suite, Apt. #, etc.

City & State
Odessa, FL

City & State
Odessa, FL

Zip
33556

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

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

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Haught*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 813-926-2921

Date

Daytime Phone #

CR2E034 (10/02)