

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59259

1. Entity Name

LESERRA TREE FARM, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90310 039 \*\*\*150.00

Principal Place of Business

15551 OKEECHOBEE BLVD  
LOXAHATCHEE FL 33470  
US

Mailing Address

C/O JILL LESERRA  
~~1445 LONGLEA TERRACE~~  
~~WELLINGTON FL 33414~~

2. Principal Place of Business

3. Mailing Address

5741 S.W. MAPP RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM CITY, FL

Zip

Country

34990

USA

4. FEI Number

65-0099664

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

LESERRA, JILL

~~1445 LONGLEA TERRACE~~  
~~WELLINGTON FL 33414~~

Name

Street Address P.O. Box Number (if not applicable)

5741 S.W. MAPP RD.

City

PALM CITY, FL

Zip Code

34990

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

*Jill Leserra*

4-17-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LESERRA, JIM F. <del>1445 LONGLEA TERRACE</del> <del>WELLINGTON FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESERRA, FRANK J. <del>2435 DEER RUN BLVD</del> LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LESERRA, JILL R. <del>1445 LONGLEA TERRACE</del> <del>WELLINGTON FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESERRA, CAROLYN 2435 DEER RUN BLVD LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5741 S.W. MAPP RD PALM CITY, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim & Jill Leserra 5741 SW Mapp Rd. Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Jill Leserra*

Date

Daytime Phone #

4-17-01 561-219-  
4547

CR2E034 (10.00)

0437472