

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # K70809**

1. Entity Name  
**LEBEAU CONSTRUCTION, INC.**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90001 015 \*\*\*150.00

Principal Place of Business <b>1333 MCCALL RD PORT CHARLOTTE FL 33981 US</b>	Mailing Address <b>P O BOX 380456 MURDOCK FL 33938-0456 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1333 McCall Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 380456</b> Suite, Apt. #, etc.
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City & State <b>Port Charlotte, Florida</b>	City & State <b>Murdock, Florida</b>
Zip <b>33981</b>	Zip <b>33938-0456</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number **65-0109677** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEEKIN, JOHN CHARLES  
21202 C-2 OLEAN BLVD.  
PORT CHARLOTTE FL 33952**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LEBEAU, ALAN L.</b>	
STREET ADDRESS <b>1333 MCCALL RD.</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33981</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LEBEAU, DEBRA A.</b>	
STREET ADDRESS <b>1193 ENTERPRISE DR</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>TERRY, JAMES W</b>	
STREET ADDRESS <b>1333 MCCALL RD.</b>	
CITY-ST-ZIP <b>POART CHARLOTTE FL 33981</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan L. LeBeau, Sr.* **Alan L. LeBeau, Sr.** 2/17/2000 (941)698-9376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)