

2001 UNIFORM BUSINESS REPORT (UBR)

0022933 AF

DOCUMENT # L00000005441

1. Entity Name

LEHIGH PROPERTIES, LLC

FILED

01 AUG -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1153 MAIN STREET, SUITE 108
DUNEDIN FL 34698

Mailing Address

1153 MAIN STREET, SUITE 108
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

633 Poinsettia Road

Suite, Apt. #, etc.

633 Poinsettia Road

City & State

Belleair FL

City & State

Belleair FL

Zip

Country

33756 USA

Zip

Country

33756 USA

4. FEI Number

59-3730195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEIRONIMUS, THOMAS L
1153 MAIN STREET, SUITE 108
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Heironimus, Thomas L.

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

633 Poinsettia Road

City Belleair

FL

Zip Code

33756

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 Thomas L. Heironimus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08-06-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HEIRONIMUS, THOMAS L
STREET ADDRESS 1153 MAIN STREET, SUITE 108
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR.
NAME HEIRONIMUS, THOMAS L.
STREET ADDRESS 633 Poinsettia Road
CITY-ST-ZIP Belleair FL 33756 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

THOMAS L. HEIRONIMUS 727-518-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)