

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005101 AF

DOCUMENT # L00000009751

1. Entity Name

LEA COOPER INVESTMENTS LLC

Principal Place of Business

1343 ALBERTA DRIVE
WINTER PARK FL 32789

Mailing Address

1343 ALBERTA DRIVE
WINTER PARK FL 32789

2. Principal Place of Business

813 ORIENTA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

813 ORIENTA AVENUE

Suite, Apt. #, etc.

City & State

ALTA MONTE SPRINGS, FL

City & State

ALTA MONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3664237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE., SUITE 201
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name TONYA D. SKINNER

Street Address (P.O. Box Number is Not Acceptable)
1343 ALBERTA DRIVE

City WINTER PARK

FL

Zip Code

32789

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE DIRECTOR
NAME TONYA D. SKINNER
STREET ADDRESS 1343 ALBERTA DRIVE
CITY-ST-ZIP WINTER PARK, FL 32789

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004034848--6
-04/20/01--01038--023
*****50.00 *****50.00

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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:

Tonya D. Skinner

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

Date

04/05/01 (407) 647-3773

Daytime Phone #

CR2E083 (11/00)