

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005152 AF

DOCUMENT # L00000010607

1. Entity Name

WILLIAMS LEONARD ENTERPRISES, L.L.C.

FILED

01 MAR 26 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1122-AZALEA-LANE  
WINTER PARK FL 32789

Mailing Address

1122-AZALEA-LANE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

1106 Palmer Ave  
Suite, Apt. #, etc.

PO Box 608  
Suite, Apt. #, etc.

City & State

Winter Park 32789

City & State

Winter Park FLA

Zip

Country

FLA 32789 USA

Zip

Country

32790 USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIEGEL, DONOVAN D

1122-AZALEA-LANE  
WINTER PARK FL 32789

Name: DEBORAH L. Stiegel

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

1106 Palmer Ave

WINTER PARK

City

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

Deborah L. Stiegel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-16-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE member  
NAME Deborah L. Stiegel  
STREET ADDRESS 1106 Palmer Ave  
CITY-ST-ZIP WINTER PARK FLA 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003929453--0  
-03/29/01--01065--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE member  
NAME DONOVAN D. Stiegel  
STREET ADDRESS 1106 Palmer Ave  
CITY-ST-ZIP WINTER PARK FLA 32790

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Deborah L. Stiegel

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

Date

Daytime Phone #

02-16-01

407-628-0030

CR2E083 (11/00)