

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010614

1. Entity Name

THE LEE EDWARD GROUP, LLC

Principal Place of Business

1336 S. RIDGE LAKE CIRCLE
LONGWOOD FL 32750

Mailing Address

1336 S. RIDGE LAKE CIRCLE
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

7665 Turkey Point Dr.
Suite, Apt. #, etc.

7665 Turkey Point Dr.
Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

Brevard

Zip

32780

Country

Brevard

4. FEI Number

59-3670491

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, LARRY E
1336 S. RIDGE LAKE CIRCLE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name Patricia C. Levison

Street Address (P.O. Box Number is Not Acceptable)
7665 Turkey Point Dr.

City Titusville

FL

Zip Code

32780

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-01

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME JONES, LARRY E
STREET ADDRESS 1336 S. RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE MGR
NAME LEVISON, PATRICIA C E
STREET ADDRESS 1336 S. RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS 7665 Turkey Point Dr.
CITY-ST-ZIP Titusville, FL 32780 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 600003891 ☐ Change ☐ Addition
-03/21/01--01106--012
*****55.00 *****55.00

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:

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

Date

Daytime Phone #

3-5-01

0004751 AF

CR2E083 (11/00)



01 MAR -9 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE