

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

C 7972

03-13-2002 90098 014 \*\*\*\*\*50.00

**DOCUMENT # L00000010614**

1. Entity Name

**THE LEE EDWARD GROUP, LLC**

Principal Place of Business

**7665 TURKEY POINT DR  
 TITUSVILLE FL 32780**

Mailing Address

**7665 TURKEY POINT DR  
 TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**LEVISON, PATRICIA C  
 7665 TURKEY POINT DR  
 TITUSVILLE FL 32780**

Name **Patricia C. LEVISON**

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

City

**FL**

Zip Code

*Spelling correction*

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 *Patricia C. Levison*

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGR** ☐ Delete  
 NAME **LEVISON, PATRICIA C E**  
 STREET ADDRESS **7665 TURKEY POING DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition  
 NAME **LEVISON, Patricia C.**  
 STREET ADDRESS **7665 Turkey Point DR.**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Patricia C. Levison*

*Patricia C. Levison*

Date

Daytime Phone #

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

CR2E083 (9/01)