

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90279 015 \*\*\*\*50.00

**DOCUMENT # L01000001417**

1. Entity Name

**LEESBURG FINANCIAL ENTERPRISES, LLC**

Principal Place of Business  
**600 NORTH BOULEVARD WEST**  
**LEESBURG FL 34748**

Mailing Address  
**600 NORTH BOULEVARD WEST**  
**LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3694311**

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

**NEUKAMM, MICHAEL E ESO.**  
**% GRAY, HARRIS & ROBINSON, P.A.**  
**301 E. PINE STREET, SUITE 1400**  
**ORLANDO FL 32801**

Name

**Gerald Goldstein**

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

**2918 Cocovia Way**

City

**Leesburg****FL**Zip Code  
**34748**

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


**Gerald Goldstein, President****1/11/02**

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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Pres/Treas/Member Gerald Goldstein 2918 Cocovia Way Leesburg, FL 34748	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/Secty/Member John A. Cowin, MD 2913 Porto Bello Avenue Leesburg, FL 34748	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/Member Hrary A. Hunt, MD 814 Palm Harbor Court Leesburg, FL 34748	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/Member Robert J. Goldstein 33210 Coventry Drive Leesburg, FL 34788	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/Member Carl O. Ollivierre, MD 9051 Silver Lake Drive Leesburg, FL 34788	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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

**Gerald Goldstein, President****1/11/02**

Date

**352-787-9300**

Daytime Phone #

CR2E083 (9/01)