

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000160

1. Entity Name  
LELAND PROPERTIES, L.C.

Principal Place of Business

1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236-5974

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0749212

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

NORTON, SAM D  
1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 NAME  
MGR  
TROY DEVELOPMENT, INC.  
STREET ADDRESS  
1819 MAIN STREET SUITE 610  
CITY-ST-ZIP  
SARASOTA FL 34236 ☐ 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

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003269214--3  
-05/26/00--01108--013  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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

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 OR MANAGER

Neil D. Saunders  
President, Troy Dev. Inc.  
Managing member

Date

Daytime Phone #

5/1/00 (941) 371-6818

CR2E083 (9/99)