

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000025

1. Entity Name

LEADERSHIP DEVELOPMENT, LLC

DIV

00

FILED

Mar 17 2000 8:00 am

Secretary of State

Principal Place of Business

717 ALTALOMA AVE. SUITE A
ORLANDO FL 32803

Mailing Address

717 ALTALOMA AVE. SUITE A
ORLANDO FL 32803-4158



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3490740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WU, MARTIN

7479 PARK SPRINGS CIRCLE
ORLANDO FL 32835

Name

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

717 Altaloma Ave, Suite A

City
Orlando

FL

Zip Code
32803

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WU, MARTIN
7479 PARK SPRINGS CIRCLE
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000003183930-- 1
-03/24/00--01098--025
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CHEN, KUO-HSIUNG
7479 PARK SPRINGS CIRCLE
ORLANDO FL 32835 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
STEPHEN, THOMAS A
600 OLIVER STREET
TROY MI 48084 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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NAME
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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

3/6/00

Date

(407)898-1266

Daytime Phone #

CR2E083 (9/99)