

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000025

1. Entity Name

LEADERSHIP DEVELOPMENT, LLC

Principal Place of Business

717 ALTALOMA AVE. SUITE A  
ORLANDO FL 32803

Mailing Address

717 ALTALOMA AVE. SUITE A  
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3490740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WU, MARTIN

717 ALTALOMA AVE. SUITE A  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Brenda L. Ellordt

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

2601 Wells Ave., #141

Fern Park

City

Orlando

FL

Zip Code

32730

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600003575746--1  
CITY-ST-ZIP -01/26/01--01014--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME Secretary ☐ Change ☒ Addition  
STREET ADDRESS Amy-Wu  
CITY-ST-ZIP 7479 Park Springs Circle  
Orlando FL 32835

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

FILED

01 JAN 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)