

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M75990**

1. Entity Name

TELLURIDE INVESTMENTS, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90035 012 ***150.00

Principal Place of Business

Mailing Address

**31622 US 19 N
PALM HARBOR FL 34684
US****31622 US 19 N
PALM HARBOR FL 34684-3723
US**

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 **59-2930115**

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAHON, LAWRENCE P.
31622 US 19 N
PALM HARBOR FL 34684**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	LEAHON, LAWRENCE P.	
STREET ADDRESS	31622 US 19 N	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	P	☐ Change ☒ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Delete
NAME	LEAHON, PETER L.	
STREET ADDRESS	31622 US 19 N	
CITY-ST-ZIP	PALM HARBOR FL	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V	☐ Change ☒ Add
NAME	KAY E. LEAHON	
STREET ADDRESS	31622 U.S. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR, FL 34684	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:*Lawrence P. Leahon* (LAWRENCE P. LEAHON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

727-7895010

Daytime Phone #