

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90067 044 ****61.25

DOCUMENT # **N0000000000450**

1. Entity Name

ALL SAINTS PARISH INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 3247

3. Mailing Address

P.O. BOX 3247

Suite, Apt. #, etc.

10062 MAYGOLD Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3620835

Applied For

Not Applicable

Zip

34611

Country

Zip

34611

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Edward D. Leitsch

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

9100 TARLETON CIR.

City

Weeki Wachee FL

Zip Code

34613

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

Edward D. Leitsch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** **D**
NAME **Edward D. Leitsch**
STREET ADDRESS **9100 TARLETON CIR.**
CITY - ST - ZIP **Weeki Wachee, FL 34613**

TITLE **VICE PRESIDENT** **D**
NAME **William Thomas**
STREET ADDRESS **17853 STUDENT ACRES ST.**
CITY - ST - ZIP **Spring Hill, FL 34610**

TITLE **SECRETARY** **D**
NAME **BARBARA A. METZ**
STREET ADDRESS **1362 WATERFALL DR.**
CITY - ST - ZIP **Spring Hill, FL 34608**

TITLE **TREASURER** **D**
NAME **MIRIAM BARTLETT**
STREET ADDRESS **1050 ABBOTT AVE.**
CITY - ST - ZIP **Spring Hill, FL 34609**

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward D. Leitsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

352-596-1865

Daytime Phone #

CR2E037B (12/01)