

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008465

1. Entity Name

LEESBURG ART ASSOCIATION, INC.

Principal Place of Business

11381 S.E. 177TH LANE
SUMMERFIELD FL 34491

Mailing Address

11381 S.E. 177TH LANE
SUMMERFIELD FL 34491

2. Principal Place of Business

Suite, Apt. #, etc.

201 East Dixie Ave

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1496

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34748 USA

Zip

34749-1496

Country

USA

4. FEI Number

59-2974114

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLOW, ANNELL
11381 S.E. 177TH LANE
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name: Garry Brant, Pres.
Street Address (P.O. Box Number is Not Acceptable):
25261 Lost Oak Circle
Leesburg
City: FL Zip Code: 34748

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

X Annell Gillow

Garry Brant 7/2/02

4/28/02

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE \$61.25

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	D	DELETE
NAME	GILLOW, ANNELL	
STREET ADDRESS	11381 S.E. 177TH LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	DELETE
NAME	MANSFIELD, JANICE	
STREET ADDRESS	4318 SERENE CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	DELETE
NAME	BRANT, CHRISTINE	
STREET ADDRESS	25261 LOST OAK CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	CHANGE	ADD
NAME	Garry Brant		
STREET ADDRESS	25261 LOST OAK CIRCLE		
CITY-ST-ZIP	Leesburg FL 34748		
TITLE	D	CHANGE	ADD
NAME	Les Lee Mitchell		
STREET ADDRESS	3905 Manor Oaks Ct.		
CITY-ST-ZIP	Leesburg FL 34748		
TITLE		CHANGE	ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Christine Brant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Brant

FILED
Jul 28, 2002 8:00 am
Secretary of State

05-19-2002 90225 013 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)