

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90070 036 \*\*\*\*61.25

**DOCUMENT # N19775**

1. Entity Name

**LEISURE HOME RESIDENTS, INC.**

Principal Place of Business

Mailing Address

**42 TRANQUILITY LANE  
 WINTER HAVEN FL 33881  
 US**

**42 TRANQUILITY LANE  
 WINTER HAVEN FL 33881-8103  
 US**

**822913**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3113402**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POTSCHMIDT, DOROTHY  
 42 TRANQUILITY LANE  
 WINTER HAVEN FL 33881**

Name

**MARGARET SHELTON**

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

**47 TRANQUILITY LANE**

**WINTER HAVEN**

City

**FL**

Zip Code

**33881**

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

*Dorothy Potts Schmidt*  
 Signature, typed or printed name of registered agent and title if applicable.

*Margaret Shelton*  
 (NOTE: Registered Agent signature required when reinstating)

*3/13/2000*  
 DATE

**FILE NOW:  
 FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POTSCHMIDT, DOROTHY 42 TRANQUILITY LANE WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PICKREIGN, GORDON 39 TRANQUILITY LANE WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIFSTECK, CLIFF 51 LEISURE LANE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUEDEMAN, FAYE 35 IDLE LANE WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PFISCHNER, JILL 18 EASY LANE WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, LYLE 52 LEISURE LANE WINTER HAVEN FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGARET SHELTON 47 Tranquility Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYLE SHAFFER 52 Leisure Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUDE EICHES 22 Leisure Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY KAY ALLEN 4 Leisure Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFF REIFSTECK 51 Leisure Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL BENANIER 45 Lazy Lane Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Dorothy Potts Schmidt (DOROTHY Potts Schmidt)* 3-13-2000 (863) 86-4290

CR2E037 (9/99)