

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90016 023 \*\*\*\*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  
22 LEISURE LN. NW

~~42 TRANQUILITY LANE~~  
WINTER HAVEN FL 33881  
US  
22 LEISURE LN. NW

2. Principal Place of Business

3. Mailing Address

22 LEISURE LANE NW  
Suite, Apt. #, etc.

22 LEISURE LANE NW  
Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL.

4. FEI Number

59-3113402

Applied For

Not Applicable

Zip

Country

33881

POLK

Zip

Country

33881

POLK

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

SHELTON, MARGARET  
47 TRANQUILITY LANE  
WINTER HAVEN FL 33881

Name JUDE J. EICHAS

Street Address (P.O. Box Number is Not Acceptable)  
22 LEISURE LANE N.W.

City WINTER HAVEN

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

JUDE J. EICHAS - TREASURER - Jude J. Eichas 3-17-2001

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

(NOTE: Registered Agent signature required when reinstating)

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 SHELTON, MARGARET 47 TRANQUILITY LANE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, LYLE 52 LEISURE LANE WINTER HAVEN FL 33881	<input 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	VD EICHES, JUDE 22 LEISURE LANE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, MARY K 4 LEISURE LANE WINTER HAVEN FL 33881	<input 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 JUDE J. EICHAS 22 LEISURE LANE N.W. WINTER HAVEN, FL. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER LYLE 52 LEISURE LANE NW WINTER HAVEN, FL. 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON JAMES 13 EASY LANE N.W. WINTER HAVEN, FL. 33881	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN MARY KAY 4 LEISURE LANE N.W. WINTER HAVEN, FL. 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENANZER BILL 45 LAZY LANE NW WINTER HAVEN, FL. 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR DALE 3 LEISURE LANE N.W. WINTER HAVEN, FL. 33881	<input checked="" type="checkbox"/> Change <input checked="" 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:

JUDE J. EICHAS - 3-21-01 - 863-956-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)