

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 035 ****70.00

DOCUMENT # N27626

1. Entity Name

LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.



Principal Place of Business

**600 E DIXIE AVE
LEESBURG FL 34748**

Mailing Address

**600 E. DIXIE AVE
LEESBURG FL 34748
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2976509**

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

**H. D. ROBUCK, JR., ESQUIRE
610 EAST MAIN STREET
LEESBURG FL 34748**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MOFFETT, ALFRED H MD**
STREET ADDRESS **601 E DIXIE AVE; MEDICAL PLAZA 401**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **D** ☐ Delete
NAME **WOOTEN, RICHARD L**
STREET ADDRESS **601 E. DIXIE AVE. PLAZA 301**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **P** ☐ Delete
NAME **BRIDGES, CLIFTON MD**
STREET ADDRESS **601 E. DIXIE AVE., PLAZA 601**
CITY-ST-ZIP **LEESBURG FL**

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

TITLE **ST** ☐ Delete
NAME **MCCONNELL, R P**
STREET ADDRESS **600 E. DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **D** ☐ Delete
NAME **STOVER-JONES, PATRICIA**
STREET ADDRESS **600 E. DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **D** ☐ Delete
NAME **RAHN, DOUG**
STREET ADDRESS **600 E. DIXIE AVE.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Change ☐ Addition
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: **R PATTON MCCONNELL**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

See/
TRC 2-12-03
352-323-5002

CR2E037 (10/02)