

# 2000 UNIFORM BUSINESS REPORT (UBR)

0066397

DOCUMENT # N45651

1. Entity Name

LINDA PIERCE LEONARD FOUNDATION, INC.



Ms. Linda Pierce  
854 S Beach St  
Ormond Beach FL 32174-7657

visit us at [www.peta-online.org](http://www.peta-online.org)

FILED

01 JAN -8 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

457 GREEN LEAF SQ  
PORT ORANGE FL 32127  
US

Mailing Address

457 GREEN LEAF SQ  
PORT ORANGE FL 32127  
US



Ms. Linda Pierce  
854 S Beach St  
Ormond Beach FL 32174-7657

3. Mailing Address

Suite, Apt. #, etc.

visit us at [www.peta-online.org](http://www.peta-online.org)

City & State

City & State



2000-2001 UBR

4. FEI Number

59-3096528

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

MCKINNON, NOAH C JR  
595 W GRANADA BLVD  
SUITE A  
ORMOND BEACH FL 32175

Name

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

8000003532318-9

-01/11/01--01022--003

City

\*\*\*\*\*61.FL

\*\*\*\*\*61.25

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

*Linda Pierce Leonard*

1-5-01

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 PCSD  
NAME LEONARD, LINDA PIERCE  
STREET ADDRESS 457 GREENLEAF SQ  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE PCSD  
NAME LEONARD, LINDA PIERCE  
STREET ADDRESS 854 SOUTH BEACH STREET  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VD  
NAME PIERCE, CHARLES D.  
STREET ADDRESS 457 GREENLEAF SQ  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VD  
NAME PIERCE CHARLES D.  
STREET ADDRESS 105 NORTH PAUL REVERE DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE VD  
NAME RANDELL, JEAN T  
STREET ADDRESS 721 S BEACH STREET  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VD  
NAME RANDELL, JEAN T  
STREET ADDRESS 8000003532318-9  
CITY-ST-ZIP -01/11/01--01022--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
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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:

*Linda Pierce Leonard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-00

904 615 8852

Date

Daytime Phone #

CR2E037 (9/99)