

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45651

1. Entity Name

LINDA PIERCE LEONARD FOUNDATION, INC.

Principal Place of Business

Mailing Address

% MS. LINDA PIERCE
854 S. BEACH STREET
ORMOND BEACH FL 32174-7657
US

% MS. LINDA PIERCE
854 S. BEACH STREET
ORMOND BEACH FL 32174-7657
US

2. Principal Place of Business

3. Mailing Address

958 SMOKERISE BLVD.

958 SMOKERISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

US

Zip

32127

Country

US

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)

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
958 SMOKERISE BLVD
PORT ORANGE FL 32127 ☒ Change ☐ Addition

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

386 304 3460

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)