

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51460

1. Entity Name

LEON COUNTY COMMISSION GOVERNMENTAL LEASING CORP ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90036 034 ****61.25

Principal Place of Business

301 S MONROE ST
5TH FLOOR
TALLAHASSEE FL 32301

Mailing Address

301 S MONROE ST
5TH FLOOR
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3152204

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

THAELL, CLIFF
9601 MICCOSUKEE RD
#59
TALLAHASSEE FL 32308

Name

Jane Sauls

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

3640 Luther Hall Rd.

City

Tallahassee,

FL

Zip Code
32310

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

Jane S. Sauls

Jane Sauls, Chairman

7-31-00

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME **THAELL, CLIFF**
STREET ADDRESS **9601 MICOSUKEE RD #59**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
NAME **WINCHESTER, DAN**
STREET ADDRESS **814 LIVINGTON CT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME **BILL PROCTOR**
STREET ADDRESS **2516 PASCO ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

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

TITLE ☐ Delete
NAME **RACKLEFF, BOB**
STREET ADDRESS **816 CHERRY ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
NAME **HOST, BRUCE**
STREET ADDRESS **2906 TYRON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
NAME **MALLOY, RUDY**
STREET ADDRESS **2324 NAPOLEON BONAPARTE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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:

Jane S. Sauls

Jane Sauls 7-31-00 (850) 488-4710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)