

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002204

1. Entity Name

M.A.D. D.A.D.S. OF GREATER LEESBURG, INC.

Principal Place of Business

1504 SOUTH STREET
LEESBURG FL 34748

Mailing Address

P.O. BOX 493921
LEESBURG FL 34749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3323263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHARLES D
907 WEBSTER 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.

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 D ☐ Delete
NAME SCRUBBS, KEN
STREET ADDRESS 1364 N. MARCY DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D,V ☐ Change ☒ Addition
NAME Brown, Ben
STREET ADDRESS 201 Bent Bough Dr.
CITY-ST-ZIP Leesburg, FL 34748

TITLE SD ☐ Delete
NAME MITCHELL, RUBY
STREET ADDRESS P.O. BOX 491033
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE TD ☐ Delete
NAME HANNAH, WILLIS
STREET ADDRESS 300 BOURLY STREET
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE VD ☐ Delete
NAME SANDERS, GORDAN
STREET ADDRESS 723 MARIETTA STREET
CITY-ST-ZIP LEESBURG FL

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

TITLE DP ☐ Delete
NAME BRINSON, FREDDIE
STREET ADDRESS 907 NEBRASKA
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete
NAME TURNER, MARY
STREET ADDRESS 1108 CROSBY STREET
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:

Freddie Brinson REQUIRED *Freddie Brinson* 4 11 01 352 368071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)