

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005757

1. Entity Name

INTERNATIONAL LEADERSHIP COMMISSION, INC.

Principal Place of Business

707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS FL 32701

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

59-3425577

Applied For

Not Applicable

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

RUTA, JOHN R
1836 WOODWARD STREET
ORLANDO FL 32803

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	<input type="checkbox"/> Delete
	PD			
	SMITH, JOHN S	707 MAGNOLIA DRIVE	ALTAMONTE SPRINGS FL 32701	
	SD			
	DAVIS, LEONARD R	1805 KALURNA COURT	ORLANDO FL	
	TD			
	RUTA, JOHN R	1836 WOODWARD STREET	ORLANDO FL 32803	

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

April 27, 2001

Date

407-831-7729

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91009 049 *****61.25



DO NOT WRITE IN THIS SPACE

0021541

CR2E037 (10/00)