

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90028 029 \*\*\*\*61.25

**DOCUMENT # N97000003983**

1. Entity Name

**COMMUNITY DEVELOPMENT CORPORATION OF LEESBURG &**

Principal Place of Business

Mailing Address

311 PINE ST  
 LEESBURG FL 32748  
 US

311 PINE ST  
 LEESBURG FL 32748  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3455505**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, CELESTINE S  
 311 PINE ST  
 LEESBURG FL 34748

Name **Leroy W. Lee**

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

**311 Pine Street**

City

**Leesburg**

**FL**

Zip Code  
**34748**

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

*[Handwritten Signature]*

**Leroy W. Lee, Board Chairman**

**4/6/01**

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MIDDLETON, ARTHUR SR.</b>	
STREET ADDRESS	<b>1012 EAST LINE ST.</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>POOLE, TH SR</b>	
STREET ADDRESS	<b>311 PINE STREET</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANNAH, WILLIS</b>	
STREET ADDRESS	<b>311 PINE STREET</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, MARGARET</b>	
STREET ADDRESS	<b>401 N MILLS ST</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONEY, BETTYE S</b>	
STREET ADDRESS	<b>311 PINE STREET</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAMUEL, CAROLYN</b>	
STREET ADDRESS	<b>201 N EAST ST</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

TITLE	<b>Officer - Chairman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leroy W. Lee</b>	
STREET ADDRESS	<b>311 Pine Street</b>	
CITY-ST-ZIP	<b>Leesburg, FL 34748</b>	
TITLE	<b>Officer - Vice-Chairman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John H. Christian</b>	
STREET ADDRESS	<b>311 Pine Street</b>	
CITY-ST-ZIP	<b>Leesburg, FL 34748</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leroy W. Lee**

**4/6/01**

**(352) 314-8868**

CR2E037 (10/00)