

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005685

1. Entity Name

LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS ASSO

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90036 030 ****61.25

Principal Place of Business 1300 W. NORTH BOULEVARD LEESBURG FL 34748	Mailing Address 125 S SWOOPE AVENUE STE 103 MAITLAND FL 32751-5784 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 940877 Suite, Apt. #, etc.
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City & State MAITLAND, FLORIDA	4. FEI Number 59-3467722
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Zip 32794-0877	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A 125 S SWOOPE AVENUE, STE 103 MAITLAND FL 32751	7. Name and Address of New Registered Agent Name: Howard A. Schieferdecker Street Address (P.O. Box Number is Not Acceptable): 1605 King Arthur Circle City: Maitland FL 32751
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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 4/13/00
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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIEFERDECKER, HOWARD A 125 S SWOOPE AVENUE, STE 103 MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MAGUIRE, RAYMER F III 200 E. ROBINSON ST. #1250 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIZZARD, THOMAS D 1300 W. NORTH BOULEVARD LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVAN, JAMES M 1300 W. NORTH BLVD. LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 King Arthur Circle Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SINGER, STEVEN 411 NORTH 14TH ST, SUITE 100 LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DOMROW, KURT 411 NORTH 14TH ST, SUITE 100 LEESBURG, FL 34748

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 REQUIRED 4/13/00 (407) 481-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)