

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005685

1. Entity Name

LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS ASSO

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90162 023 \*\*\*\*61.25

Principal Place of Business

1300 W. NORTH BOULEVARD  
LEESBURG FL 34748

Mailing Address

PO BOX 940877  
MAITLAND FL 32794-0877  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467722

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

SCHIEFERDECKER, HOWARD A  
1605 KING ARTHUR CIRCLE  
MAITLAND FL 32751

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 PD ☐ Delete  
NAME SCHIEFERDECKER, HOWARD A  
STREET ADDRESS 1605 KING ARTHUR CIRCLE  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE VPSD ☐ Delete  
NAME MAGUIRE, RAYMER F III  
STREET ADDRESS 200 E. ROBINSON ST. #1250  
CITY-ST-ZIP ORLANDO FL

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

TITLE TD ☐ Delete  
NAME GRIZZARD, THOMAS D  
STREET ADDRESS 1300 W. NORTH BOULEVARD  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete  
NAME BEVAN, JAMES M  
STREET ADDRESS 1300 W. NORTH BLVD.  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete  
NAME SINGER, STEVEN  
STREET ADDRESS 411 N 14TH ST STE 100  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete  
NAME DAMRON, KURT  
STREET ADDRESS 411 N 14TH ST STE 180  
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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 (407) 981-3711

Date

Daytime Phone #

CR2E037 (10/00)