

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90206 036 ****61.25

DOCUMENT # N97000005685

1. Entity Name

LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1300 W. NORTH BOULEVARD
 LEESBURG FL 34748**

**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

Zip

Country

Zip

Country

4. FEI Number

59-3467722

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

**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 ☐ Delete
 NAME **PD 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 ☐ Delete
 NAME **VPSD 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 ☐ Delete
 NAME **TD 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 ☐ Delete
 NAME **D 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 ☐ Delete
 NAME **D 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 ☐ Delete
 NAME **D 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 reports 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:

Thomas Grizzard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

23 APR 02 352-763-6966

CR2E037 (9/01)