

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005945

1. Entity Name

PROPERTY RIGHTS LEGAL FOUNDATION INC.

Principal Place of Business

301 W SR 434
SUITE 317
WINTER SPRINGS FL 32708

Mailing Address

301 W SR 434
SUITE 317
WINTER SPRINGS FL 32708

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

31-1636974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, MICHAEL D
301 W SR 434
SUITE 317
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAVELL, MICAH G	
STREET ADDRESS	1370 SARNO RD, SUITE A	
CITY-ST-ZIP	MELBOURNE FL 32936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, WILLIAM R	
STREET ADDRESS	108 ROBIN RD, SUITE 2002	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFFLER, KENNETH M	
STREET ADDRESS	1400 WINDSOR AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750-6830	
TITLE	DIP	<input type="checkbox"/> Delete
NAME	Michael D. Jones	
STREET ADDRESS	301 W SR 434 STE 317	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	DIST	<input type="checkbox"/> Delete
NAME	Michael C. Moehle	
STREET ADDRESS	P.O. Box 321416	
CITY-ST-ZIP	Cocoa Beach FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Woodrow Kanther	
STREET ADDRESS	P.O. Box 2353	
CITY-ST-ZIP	Stuart FL 34995	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90086 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)