

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001941

1. Entity Name

LEESONS HOME OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90052 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

606 1/2 CONROY AVE.  
INVERNESS FL 34450

606 1/2 CONROY AVE.  
INVERNESS FL 34450-4066

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

59-3570262

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

NELSON, JOHN A  
SLAYMAKER AND NELSON, P.A.  
2218 HWY. 44 W.  
INVERNESS FL 34453

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	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	620 MELLON TERR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKALING, RANDY	
STREET ADDRESS	343 W. PETPESWICK RD., MUSQUODOBOIT HARBOR	
CITY-ST-ZIP	NOVA SCOTIA CANADA B0J-2L0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INMAN, JOANNE	
STREET ADDRESS	427 PROSPECT ST.	
CITY-ST-ZIP	TROY PA 16947	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUER, DORIS	
STREET ADDRESS	471 N. CULLEN ST.	
CITY-ST-ZIP	RENSSELAER IN 47978	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALEY, GEORGE	
STREET ADDRESS	154 GIVAN DR.	
CITY-ST-ZIP	MONCTON, NB CANADA E1E-3M7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLY THOMAS	
STREET ADDRESS	8986A S.W 9TH ST	
CITY-ST-ZIP	OCCALA FLORIDA 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH SHIRLEY	
STREET ADDRESS	232 LAURELWOOD LANE	
CITY-ST-ZIP	HORSESHOE NORTH CAROLINA 28742	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROSEY JIM	
STREET ADDRESS	240 SATELLITE AVE.	
CITY-ST-ZIP	INVERNESS FLORIDA 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR ANN	
STREET ADDRESS	144 MARYS POINT ROAD	
CITY-ST-ZIP	HARVEY ALBERT CO. CANADA E4H 2M7	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVES DORIS	
STREET ADDRESS	471 N. CULLEN ST.	
CITY-ST-ZIP	RENSSELAER IN 47978	
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:

*Shirley Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/00 855-873-3917

Date

Daytime Phone #

CR2E037 (9/99)