

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004142

1. Entity Name

LEESBURG DISTRICT BOARD OF TRUSTEES FOR THE UNIT

Principal Place of Business

Mailing Address

901 WEST MAIN STREET
LEESBURG FL 34748

901 WEST MAIN STREET
LEESBURG FL 34748-5130

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
59-2307314

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

EDWARDS, WALTER D
901 WEST MAIN STREET
LEESBURG FL 34748

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 ☐ Delete
NAME ELLIS, HELEN
STREET ADDRESS 2106 WAITMAN AVENUE, APT. 1
CITY-ST-ZIP LEESBURG FL 34748

TITLE P ☐ Change ☒ Addition
NAME Leonard Chaffee
STREET ADDRESS 901 W. Main St.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☒ Delete
NAME FURCO, RUTH
STREET ADDRESS 11307 LIBBY ROAD
CITY-ST-ZIP SPRING HILL FL 34609

TITLE V ☐ Change ☒ Addition
NAME Lester Coggins
STREET ADDRESS 901 W. Main St.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☒ Delete
NAME HOEVENAIR, JOHN
STREET ADDRESS 01040 LINDA GLEN AVENUE
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE S ☐ Change ☒ Addition
NAME Jim Lenhart
STREET ADDRESS 901 W. Main St.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☐ Delete
NAME PEARSON, LEE REV.
STREET ADDRESS 14 GINGER CIRCLE
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☐ Delete
NAME SHIELDS, LOUIS REV.
STREET ADDRESS 209 FERINWOOD STREET
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE D ☒ Delete
NAME SEATON, VALERIE
STREET ADDRESS 416 CARDINAL DRIVE
CITY-ST-ZIP EUSTIS FL 32726

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 352-787-167

Date

Daytime Phone #

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90070 045 ****61.25

713706



DO NOT WRITE IN THIS SPACE