

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90114 042 ****61.25

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DOCUMENT # N99000004142

1. Entity Name

LEESBURG DISTRICT BOARD OF TRUSTEES FOR THE UNIT

Principal Place of Business

**901 WEST MAIN STREET
LEESBURG FL 34748**

Mailing Address

**901 WEST MAIN STREET
LEESBURG FL 34748****C0041309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 N. Lee Street

Suite, Apt. #, etc.

3. Mailing Address

103 N. Lee Street

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-2307314

Applied For

Not Applicable

Zip

34748

Country

Zip

34748

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**EDWARDS, WALTER D
901 WEST MAIN STREET
LEESBURG FL 34748**

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 type="checkbox"/> Delete
NAME	ELLIS, HELEN	
STREET ADDRESS	2106 WAITMAN AVENUE, APT. 1	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAFFEE, LEONARD	
STREET ADDRESS	901 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	V	<input type="checkbox"/> Delete
NAME	COGGINS, LESTER	
STREET ADDRESS	901 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, LEE REV.	
STREET ADDRESS	14 GINGER CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, LOUIS REV.	
STREET ADDRESS	209 FERNWOOD STREET	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	S	<input type="checkbox"/> Delete
NAME	LENHART, JIM	
STREET ADDRESS	901 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFEE, LEONARD	
STREET ADDRESS	103 N. LEE STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGINS, LESTER	
STREET ADDRESS	103 N. LEE STREET	
CITY-ST-ZIP	Leesburg, FL 34748	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE PICKRELL	
STREET ADDRESS	3182 S. BLACK MOUNTAIN DR.	
CITY-ST-ZIP	INVERNESS, FL 34450	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENHART, JIM	
STREET ADDRESS	103 N. LEE ST.	
CITY-ST-ZIP	LEESBURG, FL 34748	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)