

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90179 007 \*\*\*150.00

**DOCUMENT # P00000038889**

1. Entity Name  
**JC LEEMAN FUTURES AND OPTIONS, INC.**

Principal Place of Business  
**434 NE 7TH AVENUE SUITE 2  
DELRAY BEACH FL 33444**

Mailing Address  
**434 NE 7TH AVENUE SUITE 2  
DELRAY BEACH FL 33444**

**CU034244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4981 A W. ATLANTIC AVE  
Suite, Apt. #, etc.  
13**

3. Mailing Address

**4981 A W. ATLANTIC AVE  
Suite, Apt. #, etc.  
13**

City & State  
**DELRAY BEACH**

City & State  
**DELRAY BEACH**

4. FEI Number  
**52-22333-03**

Applied For  
☐ Not Applicable

Zip  
**FL 33445**

Country  
**P. B.**

Zip  
**33445**

Country  
**P. B.**

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

6. Name and Address of Current Registered Agent

**LEEMAN, J.C.  
434 NE 7TH AVENUE SUITE 2  
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name  
**J C LEEMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**429 W. OCEAN AVE**

City  
**BOYNTON BEACH** FL Zip Code  
**33435**

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 **J C LEEMAN**

DATE  
**3/13/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**LEEMAN, J.C.**  
STREET ADDRESS  
**434 NE 7TH AVENUE SUITE 2**  
CITY-ST-ZIP  
**DELRAY BEACH FL 33444**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other therempowered.

SIGNATURE: **J.C. LEEMAN** 3/13/01 561-495-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)