

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038942

1. Entity Name

JC LEEMAN MANAGEMENT CORP.

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

03-15-2001 90179 009 ***150.00

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

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

52-22333-02

Applied For

Not Applicable

Zip

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, JC
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

Signature, typed or printed name of registered agent and title if applicable.

JC LEEMAN

3/13/01

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEEMAN, J.C.
434 NE 7TH AVENUE
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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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.C. LEEMAN

3/13/01

Date

561-495-2620

Daytime Phone #

CR2E034 (10/00)