

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044984

1. Entity Name
FLORIDA LEISURE HOMES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90100 038 ***150.00

Principal Place of Business
8520 BLUE HORIZON COURT
KISSIMMEE FL 34747

Mailing Address
8520 BLUE HORIZON COURT
KISSIMMEE FL 34747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4620 CUMBRIAN LAKES DR
Suite, Apt. #, etc.

3. Mailing Address
4620 CUMBRIAN LAKES DR
Suite, Apt. #, etc.

City & State
Kissimmee FL
Zip
34746
Country
US

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Kissimmee FL
Zip
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4. FEI Number
59-3652443
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WORRALL, MARION
8520 BLUE HORIZON COURT
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent
Name
WORRALL, MARION
Street Address (P.O. Box Number is Not Acceptable)
4620 CUMBRIAN LAKES DRIVE
City
Kissimmee FL Zip Code
34746

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 *Marion Worral* *Marion Worral* DATE *4/18/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORRALL, NIGEL 8520 BLUE HORIZON COURT KISSIMMEE FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORRALL, NIGEL 4620 CUMBRIAN LAKES DRIVE KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WORRALL, MARION 8520 BLUE HORIZON COURT KISSIMMEE FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WORRALL, MARION 4620 CUMBRIAN LAKES DRIVE KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marion Worral* *Marion Worral* DATE *4/18/01* DAYTIME PHONE # *407 870 7341*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)