

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90013 023 ***150.00

DOCUMENT # P00000059717

1. Entity Name
LEEANN'S HOMEMADE FOODS, INC.

Principal Place of Business
8700 WITTENWOOD COVE
ORLANDO FL 32836

Mailing Address
8700 WITTENWOOD COVE
ORLANDO FL 32836

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

59-3653073

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

WOLPERT, PAIGE HAMMOND
8700 WITTENWOOD COVE
ORLANDO FL 32836

Name
Wolpert, Paige Hammond
 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 3000 315 E. Robinson St
 City
Orlando FL Zip Code
32801

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

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	D	<input type="checkbox"/> Delete
NAME	STOKES, KAREN A	
STREET ADDRESS	8700 WITTENWOOD COVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOKES, RUSSELL H	
STREET ADDRESS	8700 WITTENWOOD COVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, VICKI L	
STREET ADDRESS	1541 COAT RIDGE ROAD	
CITY-ST-ZIP	HERNDON VA 20170	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, JOHN K	
STREET ADDRESS	1541 COST RIDGE ROAD	
CITY-ST-ZIP	HERNDON VA 20170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Gnaier	
STREET ADDRESS	2917 Prestonwood Dr	
CITY-ST-ZIP	Plano, TX 75093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen A. Stokes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407.399-8058

Daytime Phone #

CR2034 (10/00)