

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90210 005 ***150.00

DOCUMENT # P00000086375

1. Entity Name

A. C. LEASURE, INC.

Principal Place of Business

3319 BARTLETT BLVD.
 ORLANDO FL 32811

Mailing Address

3319 BARTLETT BLVD.
 ORLANDO FL 32811

80009696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3101 PGA Blvd

3. Mailing Address

4605 L.B. McLeod

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite P 237

Suite 300

City & State

City & State

Palm Beach Gardens, FL

Orlando, FL

4. FEI Number

59-3674518

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

Palm Beach

32811

Orange

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

LEASURE, EDWARD C
 3319 BARTLETT BLVD.
 ORLANDO FL 32811

Name

Leasure, Edward C

Street Address (P.O. Box Number is Not Acceptable)

4605 L.B. McLeod

Suite 300

City

Orlando

FL

Zip Code

32811

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, 2002 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 | PVP LEASURE, EDWARD 9731 CHESTERNUT RIDGE WINDERMERE FL 34786 | <input type="checkbox"/> Delete |
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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

Date

Daytime Phone #

1/11/02 (407) 835-1313

CR2E034 (9/01)