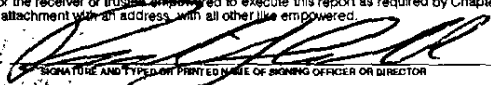


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000082374			
1. Entity Name LERI LAND COMPANY			
Principal Place of Business 1020 NW 13TH STREET GAINESVILLE, FL 32601		Mailing Address PO BOX 13395 GAINESVILLE, FL 32604	
2. Principal Place of Business 110 Wisteria Drive Suite, Apt. #, etc.		3. Mailing Address 500 Canal Street Suite, Apt. #, etc.	
City & State Longwood, Florida		City & State New Smyrna Bch, FL	
Zip 32779	Country US	Zip 32168	Country US
4. FEI Number 59-3740444		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBLE, RICHARD J 1020 NW 13TH STREET GAINESVILLE, FL 32601			
7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 110 Wisteria Drive City Longwood FL 32779			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.) DATE _____			
FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME COBLE, RICHARD J STREET ADDRESS 1020 NW 13TH STREET CITY-ST-ZIP GAINESVILLE, FL 32601		TITLE _____ NAME 110 Wisteria Drive STREET ADDRESS Longwood, FL 32779	
TITLE _____ NAME O'NEAL-COBLE, LESLIE STREET ADDRESS 1020 NW 13TH STREET CITY-ST-ZIP GAINESVILLE, FL 32601		TITLE _____ NAME 110 Wisteria Drive STREET ADDRESS Longwood, FL 32779	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4-21-03	
Richard J. Coble			

90104262



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)