

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90006 018 \*\*\*150.00

**DOCUMENT # P15730**

1. Entity Name

**GRENELEFE REALTY, INC.**

Principal Place of Business

3200 STATE RD 546  
 GRENELEFE FL 33844-9720  
 US

Mailing Address

3200 STATE RD 546  
 GRENELEFE FL 33844-9720  
 US

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

**51-0302821**

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

T ☐ Delete  
 NAME FUKUDA, TSUGIO  
 STREET ADDRESS NANIWA BLDG #4-12  
 CITY-ST-ZIP JAPAN

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

V ☐ Delete  
 NAME LEEKE, DOUG  
 STREET ADDRESS 3200 STATE ROAD 546  
 CITY-ST-ZIP HAINES CITY FL 33844

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DP ☐ Delete  
 NAME KINOSHITA, TOSHIO  
 STREET ADDRESS %NANIWA BLDG #4-12  
 CITY-ST-ZIP JAPAN

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DV ☐ Delete  
 NAME KINOSHITA, TAKESHI  
 STREET ADDRESS NANIWA BLDG #4-12  
 CITY-ST-ZIP OSAKA JA

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DS ☐ Delete  
 NAME YAMAMOTO, IWANE  
 STREET ADDRESS NANIWA BLDG #4-12  
 CITY-ST-ZIP OSAKA JA

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUG LEEKE**

Date

**4/12/01**

Daytime Phone #

CR2E034 (10/00)