2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P39943 **DOCUMENT #**

1. Entity Name

THE PLANTATION AT LEESBURG, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90710 001 ***511.25

					OO WE THE						
25201 HIGHWAY 27 SOUTH 25201 HIGH			ng Address 11 HIGHWAY 27 SOL BBURG FL 34748-909	IIGHWAY 27 SOUTH			I (da iraa) kaa ikiin loika kaki akuna ki		i ð ri ðir il í	1(1)) 8/8/1 (88)	
2. Principal	Place of Business	3. Ma	3. Mailing Address								
Suite, Apt	. #, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF M	AKING CH	IANGES		
City & Sta	nte	City	City & State			4. 1	4. FEI Number 56-1783253 Applied For Not Applied				
Zip	Zip Country Zip			Countr	у	5. (Certificate of Status Desired [75 Ade	ditional	
6. Name and Address of Current Registered Agent						7. N	Name and Address of New Regis	tered Ager	nt		
<u> </u>					Name			torou Agor	·		
THIELE, EARL H					,						
			Street Address			(P.O. B	(P.O. Box Number is Not Acceptable)				
25201 US HIGHWAY 27 SOUTH					<u>_</u> _		,				
LEESBUR	IG FL 32748				<u>-</u>			,			
_											
					City			FL	Zip Cod	e	
8. The above the obliga	named entity submits this statemen tions of registered agent.	t for the purp	ose of changing its	s registered	office or registe	ered age	ent, or both, in the State of Florida.		iar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	Ant and title if ear	Nicoblo /AICT	Tr. Danisland				·			
	organizacij typod or primod flamo or jegistered ag	en and the happ	MICADIO, (NO)	re: negistered A	Agent signature require	ed when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0						Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.0	0 May Be	
Make Check	k Payable to Florida Department	of State					ridser and Contribution.		Audec	I IO Fees	
10.	OFFICERS AN	ND DIRECTO	RS	11.		AD.	L DITIONS/CHANGES TO OFFICER	S AND DIR	ECTORS	3 IN 11	
TITLE	CD	••	☐ Delete	TITLE	1				Change		
NAME	RICHARDSON, PETER L.		Delete	NAME			•	ш	Gliange	☐ Addition	
STREET ADDRESS	266 POST ROAD EAST				100BEOD						
CITY-ST-ZIP	WESTPORT CT				ADDRESS						
				CITY-S	1-2IP						
TITLE	DVT		Delete	TITLE					Change	Addition	
NAME	COBLE, ROBERT L.			NAME							
STREET ADDRESS	230 N ELM ST., #1610			STREET	ADDRESS						
CITY-ST-ZIP	GREENSBORO NC			CITY-S	r-zip						
TITLE	P		☐ Delete	TITLE			***		Change	Addition	
NAME	THIELE, EARL H.			NAME					onungo		
STREET ADDRESS	25201 HIGHWAY 27 SOUTH				ADDRESS						
CITY-ST-ZIP	LEESBURG FL			CITY-ST	1						
TITLE	VS			_			1,-11-				
NAME	TONRY, ROBERT		∟ Delete ′	I TITLE NAME				Ш!	Change	Addition	
STREET ADDRESS	25201 US HIGHWAY 27 SOUT	u	•		ADDDECC						
CITY-ST-ZIP	LEESBURG FL	11	:		ADDRESS						
	LEESBURG FL		···	CITY-ST	-212						
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME				NAME							
STREET ADDRESS	•			STREET	ADDRESS						
CITY-ST-ZIP				CITY-ST	-ZIP						
TITLE			☐ Delete	TITLE					Shaces	Carl Walnes	
NAME			□ Pelete	NAME	j			Цι	Change	Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				STREET #							
				CITY-ST							
12. Lhereby c	ertify that the information supplied w	ith this filing.	done not qualify for	r tha avame	tion stated in Co	4	10.07(0)(i) Flanish Otal (a. 16. ii)				

Intereby 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. By: Robert B. Tonry Secretary Signature and typed on Printed Mark of Secretary Signature and typed on Printed Mark of Secretary SIGNATURE:

2/10/03

352-326-4170