

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077065

1. Entity Name

LEONE INVESTMENTS, INC.

FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90087 027 \*\*\*150.00

Principal Place of Business

Mailing Address

3909 VINEYARD GREET DRIVE  
CINCINNATI OH 45255  
US

3909 VINEYARD GREET DRIVE  
CINCINNATI OH 45255  
US

2. Principal Place of Business

6209 Cypress Bend Court

3. Mailing Address

6209 Cypress Bend Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

University Park FL

City & State

University Park FL

4. FEI Number

65-0565936

Applied For

Not Applicable

Zip

34201

Country

USA

Zip

34201

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEONE, DOROTHY R  
13438 WILLIAM MEYER CT.  
PALM BEACH GARDENS FL 33410

Name

Dorothy R. Leone

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

6209 Cypress Bend Court

City

University Park

FL

Zip Code

34201

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

*Dorothy R. Leone* Dorothy R. Leone

1-24-2000

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, 2000 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

TITLE PO ☐ Delete  
NAME LEONE, DOROTHY R  
STREET ADDRESS 13438 WILLIAM MEYER CT.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE STD ☐ Delete  
NAME LEONE, PHILIP E  
STREET ADDRESS 11000 PROPSPERITY FARMS ROAD STE 104  
CITY-ST-ZIP 13438 WILLIAM MEYER CT FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Owner ☒ Change ☐ Addition  
NAME Dorothy R. Leone  
STREET ADDRESS 6209 Cypress Bend Court  
CITY-ST-ZIP University Park FL 34201

TITLE Secretary/Treasurer ☒ Change ☐ Addition  
NAME Philip E. Leone  
STREET ADDRESS 6209 Cypress Bend Court  
CITY-ST-ZIP University Park FL 34201

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

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

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

TITLE ☐ 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:

*Dorothy R. Leone* President/Owner 1-24-00 (941) 360-6518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/00)