

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018609

1. Entity Name

LEE'S WHITE LEOPARD KUNG FU SCHOOL, FLORIDA INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 001 ***150.00

Principal Place of Business

5917 MANATEE AVE W
BRADENTON FL 34209

Mailing Address

357 6TH AVE
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

6959 Arapaho Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 589

City & State

City & State

Dallas TX

Zip

Country

Zip

Country

75248

4. FEI Number

65-0563197

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

LEE, JOHNNY L
339 6TH AVE. WEST
BRADENTON FL 34205

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOHNNY L 339 6TH AVE. WEST BRADENTON FL 34205	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 1-23-2001 92491-088

CR2E034 (10/00)