

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026715

1. Entity Name

LEAF GOBBLERS, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90392 024 \*\*\*150.00

Principal Place of Business

15816 87TH TRAIL N  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

15816 87TH TRAIL N  
PALM BEACH GARDENS FL 33418  
US

00007182

2. Principal Place of Business

10366 Highway 441 SE  
Suite, Apt. #, etc.

3. Mailing Address

10366 Highway 441 SE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee FL

City & State

Okeechobee, FL

4. FEI Number

65-0568589

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Kathy J. Bell, President

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

10366 Highway 441 SE

City

Okeechobee

FL

Zip Code

34974

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

TITLE P ☐ Delete  
NAME KATHY J. BELL  
STREET ADDRESS 15816 87TH TRAIL N  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE S ☐ Delete  
NAME KATHY J. BELL  
STREET ADDRESS 15816 87TH TRAIL N  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VP ☐ Delete  
NAME BRUCE L. BELL  
STREET ADDRESS 15816 87TH TRAIL N  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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 ☒ Change ☐ Addition  
NAME Kathy J. Bell  
STREET ADDRESS 10366 Highway 441 SE  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE S ☒ Change ☐ Addition  
NAME Kathy J. Bell  
STREET ADDRESS 10366 Highway 441 SE  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE VP ☒ Change ☐ Addition  
NAME Bruce L. Bell  
STREET ADDRESS 10366 Highway 441 SE  
CITY-ST-ZIP Okeechobee, FL 34974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)