

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000060673**

1. Entity Name

LEECO COURT, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90314 017 ***150.00

Principal Place of Business

**15685 PINE RIDGE RD
FT MYERS FL 33908**

Mailing Address

**15685 PINE RIDGE RD
FT MYERS FL 33908**

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 **65-0729346**

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

**COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD #101
FT MYERS FL 33907**Name
Hal Adams

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

Smoot Adams Edwards Garner Doragh & Brinson, P.A.**4415 Metro Parkway, Suite 325**City
Fort Myers**FL**Zip Code
33916

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

**Hal Adams****4-12-01**

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

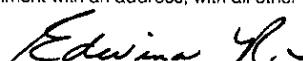
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FELTS, RONALD E
15811 QUAIL TRAIL
FORT MYERS FL 33912** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4848 Griffin Boulevard
Fort Myers, FL 33908** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FELTS, EDWINA R
15811 QUAIL TRAIL
FORT MYERS FL 33912** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4848 Griffin Boulevard
Fort Myers, FL 33908** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

 **Edwina R. Felts****4-18-01****941-481-2613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)