

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067296

1. Entity Name
H.K.L. FOUNDATION INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 033 ***150.00

Principal Place of Business

Mailing Address

684 EAST WELCH ROAD
APOPKA FL 32712

684 EAST WELCH ROAD
APOPKA FL 32712

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 59-3338364

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

LEUDENBURG, JAMES L
684 EAST WELCH ROAD
APOPKA FL 32712

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.

(NOT

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
After MAY 1, 2001
Fee IS \$150.00
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 LEUDENBURG, JAMES L
684 EAST WELCH ROAD
APOPKA FL 32712 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

JAMES L. LEUDENBURG 5-1-01 407 295-2631

Date

Daytime Phone #

CR2E034 (10/00)