

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073231

1. Entity Name

LEADERSHIP NETWORK CORPORATION

R

**FILED**  
Jul 26, 2000 8:00 am  
Secretary of State

07-26-2000 90004 021 \*\*\*150.00

Principal Place of Business

PO BOX 204  
CLARCONA FL 32710  
US

Mailing Address

PO BOX 204  
CLARCONA FL 32710  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457163

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THELEMARQUE, NERLANDE  
7133 HIAWASSEE OAKS DR.  
ORLANDO FL 32868

Name: Jean-Marie F. Boursignot  
Street Address (P.O. Box Number is Not Acceptable)  
7133 Hiawasseel Oak Dr  
P.O. BOX 204  
City Clarcona FL Zip Code 32710

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PT	<input checked="" type="checkbox"/> Delete
NAME	THELEMARQUE, NERLANDE	
STREET ADDRESS	PO BOX 204	
CITY-ST-ZIP	CLARCONA FL 32810	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	PLAISANCE, MARIE ROSE	
STREET ADDRESS	PO BOX 204	
CITY-ST-ZIP	CLARCONA FL 32710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Marie F Boursignot	
STREET ADDRESS	P.O. Box 204 Clarcona, FL 32710	
CITY-ST-ZIP	Clarcona, FL 32710	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nerlande Thelemarque	
STREET ADDRESS	PO BOX 204 Clarcona, FL	
CITY-ST-ZIP	32710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000 (407) 521-6620  
Date Daytime Phone #

CPRE034 (5/00)

P95000073231

ADD 9480  
7/10/2000

Dear Sir or Madam :

The previous notice was  
never ~~received~~. Please  
adjust to reflect payment  
for Notice #1.

Thank You

M. Thelemarq

Nerlande Thelemarq



J. Boursi