

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018105

1. Entity Name
LONGLEAF, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90133 043 ***150.00

Principal Place of Business

1 INDEPENDENT DRIVE
STE 3000
JACKSONVILLE FL 32202
US

Mailing Address

1 INDEPENDENT DRIVE
STE 3000
JACKSONVILLE FL 32202
US

2. Principal Place of Business

50 North Laura Street

Suite, Apt. #, etc.

Suite 3300

3. Mailing Address

50 North Laura Street

Suite, Apt. #, etc.

Suite 3300

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip
32202

Country

US

Zip

32202

Country

US

4. FEI Number

NOT APPLICABLE

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, LEWIS S
1 INDEPENDENT DRIVE
STE 3000
JACKSONVILLE FL 32202

Name

Lewis S. Lee

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

50 North Laura Street

Suite 3300

City

Jacksonville

FL

Zip Code

32202

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 **PD** ☐ Delete
NAME **LEE, LEWIS S**
STREET ADDRESS **1 INDEPENDENT DR STE 3000**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **PD** ☒ Change ☐ Addition
NAME **Lee, Lewis S.**
STREET ADDRESS **50 North Laura Street, Suite 3300**
CITY-ST-ZIP **Jacksonville FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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)