

2000 UNIFORM BUSINESS REPORT (UBR)

0567338

DOCUMENT # P97000100969

1. Entity Name

LEF/SPRINGSGATE VILLAGE, INC.

FILED

00 FEB 14 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2601 S BAYSHORE DR
STE 300-A
MIAMI FL 33133-5417

Mailing Address
ONE GREENWAY PLAZA
SUITE 850
HOUSTON TX 77046-0196

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
33133-5413
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
USA

4. FEI Number
65-0798290
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

FRIEDMAN, DAVID A

~~848 BRICKELL AVE~~

~~SUITE 1120~~

~~MIAMI FL 33131~~

2601 South Bayshore Drive
Suite 300-A
Miami, Florida 33133-5413

Name
Street Address (P.O. Box Number is Not Acceptable)
800003145068--9
02/23/00 01091-008
City
****158.75L****158.75

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 _____ (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, 2000 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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, LEONARD E		NAME		
STREET ADDRESS	848 BRICKELL AVE, SUITE 1120		STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, DAVID A.		NAME		
STREET ADDRESS	848 BNRICKELL AVENUE, SUITE 112		STREET ADDRESS	2601 South Bayshore Drive, Suite 300-A	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, Florida 33133-5413	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, SANDRA A.		NAME	Sandra E. Ray	
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046		CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWINKE, DAVID L.		NAME	V	
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046		CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TV	
STREET ADDRESS			STREET ADDRESS	Howard W. Thibaut	
CITY-ST-ZIP			CITY-ST-ZIP	One Greenway Plaza, Suite 850	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	Houston, Texas 77046-0196	

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.

Sandra E. Ray, Secretary and Vice President

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00
Date

713-850-1850
Daytime Phone #

CR2E034 (9/99)