

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101627

1. Entity Name

LEOLA CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90098 017 \*\*\*150.00

Principal Place of Business

2827 BALLARD AVENUE  
 ORLANDO FL 32833-4037

Mailing Address

2827 BALLARD AVENUE  
 ORLANDO FL 32833-4037

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

59-3492180

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

SCOTT R ROST  
 228 PARK AVENUE-NORTH  
 SUITE-B  
 WINTER PARK FL 32789

Name

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

836 N. Highland Ave.

City

Orlando

FL

Zip Code  
 32803

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, 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 P/D ☐ Delete  
 NAME HOWARD K EDWARDS  
 STREET ADDRESS 2827 BALLARD AVENUE  
 CITY-ST-ZIP ORLANDO FL 32833

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

TITLE VPST ☒ Delete  
 NAME EDWARDS, HOWARD K  
 STREET ADDRESS 2827 BALLARD AVE  
 CITY-ST-ZIP ORLANDO FL 32833

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

TITLE ST ☐ Delete  
 NAME EDWARDS, CAROL A  
 STREET ADDRESS 2827 BALLARD AVE  
 CITY-ST-ZIP ORLANDO FL 32833

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

TITLE VP ☐ Delete  
 NAME Diana G. Edwards  
 STREET ADDRESS 2827 Ballard Ave  
 CITY-ST-ZIP Orlando

TITLE VP ☐ Change ☒ Addition  
 NAME Diana G. Edwards  
 STREET ADDRESS 2827 Ballard Ave.  
 CITY-ST-ZIP Orlando, FL 32833

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 (9/99)