

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006419

1. Entity Name

LEROY ENTERPRISES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90072 025 \*\*\*150.00

Principal Place of Business

204 BRUCE COURT  
MARATHON FL 33050

Mailing Address

204 BRUCE COURT  
MARATHON FL 33050-2952

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

65-0807493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75\* Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Christopher B. Waldern, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
6400 Overseas Highway

City Marathon

FL

Zip Code  
33050

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEROY, RAYMOND F	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEROY, DYANN A	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEROY, ROBERT D	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DETOR, KRISTA	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEROY, ERYNN	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEROY, RAYMOND F JR	
STREET ADDRESS	204 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 365-289-0249