

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91323 036 \*\*\*150.00

**DOCUMENT # P98000015933**

1. Entity Name

**LEVASSEUR PROPERTIES, INC.**

Principal Place of Business

**4117 SUNNYVIEW DRIVE  
LAKELAND FL 33813**

Mailing Address

**4117 SUNNYVIEW DRIVE  
LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3494384**

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

**LEVASSEUR, SCOTT P  
4117 SUNNYVIEW DRIVE  
LAKELAND FL 33813**

Name

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

City

**FL**

Zip Code

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's 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	D	DELETE
NAME	LEVASSEUR, SCOTT P	PRESIDENT
STREET ADDRESS	4117 SUNNYVIEW DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	DELETE
NAME	LEVASSEUR, DONALD R	SECRETARY
STREET ADDRESS	4117 SUNNYVIEW DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	TREASURER
TITLE	D	DELETE
NAME	RUSSELL, RICHARD	VICE PRESIDENT
STREET ADDRESS	4117 SUNNYVIEW DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	ROBERT ADAMS	DELETE
NAME	4117 SUNNYVIEW DRIVE	PARTNER
STREET ADDRESS	LAKELAND FL 33813	STOCKHOLDER
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
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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: *Donald R. Levasseur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01

Date

Daytime Phone #

CR2E034 (10/00)