## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P9900003079 LEISURE DREAMS, INC. 01-26-2000 90031 047 \*\*\*150.00 Principal Place of Business Mailing Address 1213 FRAN MAR CT. 1213 FRAN MAR CT. CLERMONT FL 34711 CLERMONT FL 34711-2040 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3548819 Not Appli Zip ير Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUCHINS, ALBERT R JR. Street Address (P.O. Box Number is Not Acceptable) 1213 FRAN MAR CT. CLERMONT FL 34711 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President ☐ Change **X** Addition ☐ Delete TITLE TITLE Kay L. Houchins NAME NAME 1213 Fran Mar Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Termont, Florida 34711 Vice President ☐ Delete ☐ Change Addition TITLE Albert R. Houchins Jr. NAME 1213 Fran Mar Court STREET ADDRESS STREET ADDRESS Clermont, Florida 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

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