

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066632

1. Entity Name  
CLASSIC LEATHER GALLERIES, INC.

R

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90011 034 \*\*\*150.00

Principal Place of Business

860 ROYALWOOD LANE  
OVIEDO FL 32765

Mailing Address

860 ROYALWOOD LANE  
OVIEDO FL 32765

2. Principal Place of Business

397 E. ALTAMONTE DR.

Suite, Apt. #, etc.

STE #1500

3. Mailing Address

397 E. ALTAMONTE DR.

Suite, Apt. #, etc.

STE #1500

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole

4. FEI Number

39-3591956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERSAMPIERE, ANTHONY

860 ROYALWOOD LANE  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Anthony Persampiere

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

397 E. ALTAMONTE DR.

STE 1500

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PERSAMPIERE, DOMINIC	
STREET ADDRESS	860 ROYALWOOD LANE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERSAMPIERE, ANTHONY	
STREET ADDRESS	860 ROYALWOOD LANE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dominic Persampiere	
STREET ADDRESS	485 Suncrest CT.	
CITY-ST-ZIP	OVIEDO, FL 32765	
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 #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-265-1414

# Classic Leather Galleries

397 East Altamonte Drive  
Altamonte Springs, Florida 32701-4406  
407-265-1414 Fax- 407-265-2533  
e-mail: classicleather@aol.com

Attachment  
DH pag DW 6/16/32  
DW 73739

July 17, 2000

Division of Corporations  
Uniform Business report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am in receipt of the Second notice for the Uniform Business Report for 2000. I am writing today to inform the Division that we did not receive our First notice. Upon receipt of this I immediately called the Division and explained our situation. I was told to send in the original filing fee of \$150.00 with a letter listing our address change. Thank you for your understanding in this matter.

Sincerely,



Dominic Persampiere, Pres.

New address:

Classic Leather Galleries, Inc.  
397 East Altamonte Drive  
Altamonte Springs, FL 32701

This is our mailing and place of business address.