

2000 UNIFORM BUSINESS REPORT (UBR)

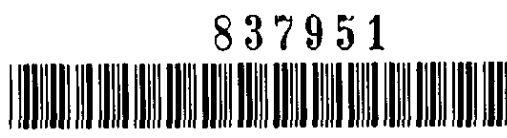
FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90034 050 ***150.00

DOCUMENT # P99000066947

1. Entity Name
LESHOR MANAGEMENT, INC.

Principal Place of Business Mailing Address
1502 SOUTHEAST 20TH AVENUE **1502 SOUTHEAST 20TH AVENUE**
CAPE CORAL FL 33990 **CAPE CORAL FL 33990-3874**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
 7. Name and Address of New Registered Agent
 Name **LeAnne V. Short**
 Street Address (P.O. Box Number is Not Acceptable)
1502 SE 20 Ave
 City **CAPE CORAL** FL Zip Code **33990**

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 **LeAnne V. Short** **LeAnne V. Short** **4-14-00**
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 | PSTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHORT, LEANNE | | NAME | | |
| STREET ADDRESS | 1502 SOUTHEAST 20TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **LeAnne V. Short** **4-14-00** **941-458-0527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #