

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90025 049 \*\*\*150.00

0353409

**DOCUMENT # P99000105030**

1. Entity Name  
**LEOPARD, INC.**

Principal Place of Business  
**3225 S. MACDILL AVENUE**  
**SUITE #129**  
**TAMPA FL 33629**

Mailing Address  
**3225 S. MACDILL AVENUE**  
**SUITE #129**  
**TAMPA FL 33629**

**200401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**PMB #253**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3225 S. Macdill Avenue, Suite 129**

City & State

City & State

4. FEI Number **59-3612142**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SALLEY, STEPHEN G**  
**390 N. ORANGE AVENUE**  
**SUITE 2500**  
**ORLANDO FL 32801**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CULVERHOUSE, JOY MCANN	3301 BAYSHORE BLVD.	TAMPA FL 33629						
	DVP			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CULVERHOUSE, HUGH F	2 SOUTH BISCAYNE BOULEVARD, STE 3599	MIAMI FL 33131						
	DT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PURCELL, THOMAS K	1548 LANCASTER TERRACE	JACKSONVILLE FL 32204						
	DS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BRYN, MARK J	2 SOUTH BISCAYNE BOULEVARD, STE 3599	MIAMI FL 33131						
	VPAT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LYNCH, SCOTT	PMB #253, 3225 S MACDILL AVE, #129	TAMPA FL 33629						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

**Mark J. Bryn**

**April 26, 2001**

**(813) 805-0093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)