

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34046

1. Entity Name

LEONE & ASSOCIATES, P.A.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90071 016 \*\*\*150.00

Principal Place of Business

13438 WILLIAM MEYER CT.  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

13438 WILLIAM MEYER CT.  
PALM BEACH GARDENS FL 45255-5636  
US

2. Principal Place of Business

6209 Cypress Bend Court  
Suite, Apt. #, etc.

3. Mailing Address

6209 Cypress Bend Court  
Suite, Apt. #, etc.

City & State

University Park, FL

City & State

University Park FL

4. FEI Number

65-0245233

Applied For

Not Applicable

Zip

34201

Country

USA

Zip

34201

Country

USA

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

LEONE, PHILIP E.  
13438 WILLIAM MEYER CT.  
PALM BEACH GARDENS FL 33410

Name Philip E. Leone

Street Address (P.O. Box Number is Not Acceptable)  
6209 Cypress Bend Court

City University Park FL Zip Code 34201

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

*Philip E. Leone*  
Signature typed or printed in the space below and title if applicable.  
Philip E. Leone

(NOTE: Registered Agent signature required when reinstating)

1/13/00

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

TITLE PT  
NAME LEONE, PHILIP E. ☐ Delete  
STREET ADDRESS 13438 WILLIAM MEYER CT.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition  
NAME LEONE, PHILIP E.  
STREET ADDRESS 6209 Cypress Bend Court  
CITY-ST-ZIP University Park FL 34201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*Philip E. Leone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Philip E. Leone

1/13/00

Date

(941) 360-6518

Daytime Phone #