

2001 UNIFORM BUSINESS REPORT (UBR)

37

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90059 044 ***150.00

DOCUMENT # V38271

1. Entity Name

LEAVITT MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

**2600 LAKE LUCIEN DRIVE
301
MAITLAND FL 32751
US**

**2600 LAKE LUCIEN DRIVE
301
MAITLAND FL 32751
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3134183**

Applied For

Not Applicable

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

**LEAVITT, MICHAEL D
2600 LAKE LUCIEN DRIVE
SUITE 301
MAITLAND FL 32751**

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LEAVITT, MATT L	
STREET ADDRESS	120 INTERNATIONAL PKWY	
CITY-ST-ZIP	HEATHROW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAVITT, MICHAEL D	
STREET ADDRESS	182 SHADOWBAY BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLYMAN, BARRY	
STREET ADDRESS	940 FARLINGTON CT APT #100	
CITY-ST-ZIP	LAKE MARY FL 33746	
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		<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	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Morell	
STREET ADDRESS	1516 EMERALD ESTATE POINT	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	Assistant	<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 #

David Morell, Assistant Secretary

CR2EQ94 (10/00)