

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90129 043 \*\*\*\*50.00

DOCUMENT # **L00000010435**

1. Entity Name

**LEIGHTON MCGINN PROGRAM MANAGEMENT, LLC**

Principal Place of Business

**8049 MONETARY DR  
 SUITE D-1  
 RIVIERA BEACH FL 33404**

Mailing Address

**8049 MONETARY DR  
 SUITE D-1  
 RIVIERA BEACH FL 33404**

**954308**

2. Principal Place of Business

**8049 Monetary Dr  
 Suite, Apt. #, etc.  
 ST D1**

3. Mailing Address

**8049 Monetary Dr  
 Suite, Apt. #, etc.  
 ST D1**



DO NOT WRITE IN THIS SPACE

**Riviera Beach FL  
 33404**

**Riviera Beach FL  
 33404**

4. FEI Number **65-1036709**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, DAVID E ESQ  
 ROGERS BOWERS DEMPSEY AND PALADINO  
 505 S FALGLER DR SUITE 1330  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
 NAME **LEIGHTON MCGINN COMPANY**  
 STREET ADDRESS **8049 MONETARY DR SUITE D-1**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-22-02 6245066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)