

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38693

1. Entity Name

DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.

**FILED**  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90096 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24 SW HOLLYWOOD BLVD SUITE 7 FT WALTON BEACH FL 32549 US	Mailing Address C/O NORMAN C. STANLEY P O BOX 838 FT. WALTON BEACH FL 32549
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2. Principal Place of Business	3. Mailing Address DISTRICT14 IG/CO INC.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. P O BOX 838
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City & State	City & State FT. WALTON BEACH, FL 32548
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Zip	Country	Zip	Country
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4. FEI Number 59-3048303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LEATHERBEE, JAMES W 621 LAKEVIEW RD NW FORT WALTON BEACH FL 32547
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEATHERBEE, JAMES W 621 LAKEVIEW NW FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHADD, ROGER 381 CANTERBURY CIR FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONIGAN, DEBRA 1 NORTH DRIVE SHALIMAR FL 32579 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ELKINS, LAURIE 117 BAYSHORE CT NE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. LEATHERBEE

2-2-02

850-244-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)