2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-28-2003 90061 044 ****61.25

DOCUMENT # N38693

1. Entity Name
DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.

Principal Place of Business	Mailing Address
24 SW HOLLYWOOD BLVD SUITE 7 FT WALTON BEACH FL 32549 US	P O BOX 638 FORT WALTON BEACH FL 32548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3048303 — 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
LEATHERBEE, JAMES W 621 LAKEVIEW RD NW FORT WALTON BEACH FL 32547	Name: ARCEMONT, ELANOR Street Address (P.O. Box Number is Not Acceptable): 902 HOLBROOK CIRCLE City: FORT WALTON BEACH FL Zip Code: 32547

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Elanor Arcemont, CHAIRMAN — 3-19-03
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD ☒ Delete	TITLE	CHAIRMAN ☒ Change ☐ Addition
NAME	LEATHERBEE, JAMES W	NAME	ARCEMONT, ELANOR CD
STREET ADDRESS	621 LAKEVIEW NW	STREET ADDRESS	902 HOLBROOK CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	PT ☒ Delete	TITLE	TREASURER ☒ Change ☐ Addition
NAME	ELKINS, LAURIE	NAME	LOU STRECKER PT
STREET ADDRESS	117 BAYSHORE CT. NE	STREET ADDRESS	217 D SE. OAK ST
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	SD ☒ Delete	TITLE	SECRETARY ☒ Change ☐ Addition
NAME	DONIGAN, DEBRA	NAME	JOHN JINES SD
STREET ADDRESS	1 NORTH DRIVE	STREET ADDRESS	352 DUBGAN AVE.
CITY-ST-ZIP	SHALIMAR FL 32579	CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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: SIGNATURE REQUIRED — 3-19-03 — 850-863-1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #