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

☑ CHECK HERE IF MAKING CHANGES

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 59-3048303 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LEATHERBEE, JAMES W 621 LAKEVIEW NW FORT WALTON BEACH FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN ARCEMONT, ELANOR CD 902 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ELKINS, LAURIE 117 BAYSHORE CT. NE FORT WALTON BEACH FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LOU STRECKER PT 217 D SE. DNK ST FORT WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONIGAN, DEBRA 1 NORTH DRIVE SHALIMAR FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOHN JINES SD 352 DUBGAN AVE. CRESTVIEW, FL 32536	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #