

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035755

1. Entity Name

LEATHERWOOD PROPERTIES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90286 050 \*\*\*550.00

Principal Place of Business

3469 WILLOW LANE  
GULF BREEZE FL 32561  
US

Mailing Address

P.O. BOX 907  
NORWICH VT 05055-0907  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 5551

Suite, Apt. #, etc.

City & State

Hanover, NH

Zip

03755

Country

4. FEI Number

59-3243260

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

LEATHERWOOD, DAVID P  
3469 WILLOW LN  
GULF BREEZE FL 32561

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 reinstalling)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME LEATHERWOOD, DAVID P  
STREET ADDRESS P.O. BOX 907  
CITY-ST-ZIP NORWICH VT ☐ Delete

TITLE DP  
NAME Leatherwood, David P  
STREET ADDRESS PO Box 5551  
CITY-ST-ZIP Hanover, NH ☒ Change ☐ Addition

TITLE DVP  
NAME LEATHERWOOD, LORETTA E  
STREET ADDRESS P.O. BOX 907  
CITY-ST-ZIP NORWICH VT ☐ Delete

TITLE DVP  
NAME Leatherwood, Loretta E  
STREET ADDRESS PO Box 5551  
CITY-ST-ZIP Hanover, NH 03755 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

5-4-2000

Date

802-649-2929

Daytime Phone #

CR2E034 (9/99)