

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000035755**1. Entity Name  
LEATHERWOOD PROPERTIES, INC.Principal Place of Business  
3469 WILLOW LANE  
GULF BREEZE FL 32561 US  
Mailing Address  
P O BOX 5551  
HANOVER NH 03755 US

2. Principal Place of Business

3. Mailing Address  
741 BRAGG HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
NORWICH VT4. FEI Number  
59-3243260

Applied For

Not Applicable

Zip

Country

Zip

Country

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 US

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 \_\_\_\_\_ 04/10/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 DVP  
NAME LEATHERWOOD LORETTA E ☐ Delete  
STREET ADDRESS P O BOX 5551  
CITY-ST-ZIP HANOVER NHTITLE DVP ☒ Change ☐ Addition  
NAME LEATHERWOOD LORETTA E  
STREET ADDRESS 741 BRAGG HILL ROAD  
CITY-ST-ZIP NORWICH VT 05055TITLE DP  
NAME LEATHERWOOD DAVID P ☐ Delete  
STREET ADDRESS P O BOX 5551  
CITY-ST-ZIP HANOVER NHTITLE DP ☒ Change ☐ Addition  
NAME LEATHERWOOD DAVID P  
STREET ADDRESS 741 BRAGG HILL ROAD  
CITY-ST-ZIP NORWICH VT 05055TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: David Leatherwood

P

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)