

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000028543**1. Entity Name
LEATHERWOOD PROPERTIES OF PEABODY, INC.Principal Place of Business
401 E. CHASE ST. SUITE 105
PENSACOLA FL 32501Mailing Address
P O BOX 5551
HANOVER NH 03755

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 & State

City & State
NORWICH VT

4. FEI Number

59-3441433

Applied For

Not Applicable

Zip

Country

Zip

Country

05055

US

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
3469 WILLOW LNGULF 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 _____ 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 DP ☐ Delete
NAME LEATHERWOOD DAVID
STREET ADDRESS PO BOX 5551
CITY-ST-ZIP HANOVER NH 03755TITLE DP ☒ Change ☐ Addition
NAME LEATHERWOOD DAVID
STREET ADDRESS 741 BRAGG HILL ROAD
CITY-ST-ZIP NORWICH VT 05055TITLE VPD ☐ Delete
NAME LEATHERWOOD LORETTA
STREET ADDRESS PMB 5551
CITY-ST-ZIP HANOVER NH 03755TITLE VPD ☒ Change ☐ Addition
NAME LEATHERWOOD LORETTA
STREET ADDRESS 741 BRAGG HILL ROAD
CITY-ST-ZIP NORWICH VT 05055TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)