## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # 712829 EAST LEISURE ASSOCIATION, INC. 04-26-2000 90210 004 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 7503 4117 BOUGAINVILLA DR. FT. LAUDERDALE FL 33338-7503 LAUDERDALE BY THE SEA FL 33308 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1229920 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ·Name Street Address (P.O. Box Number is Not Acceptable) CABOT MANAGEMENT & MARKETING, INC. 2727 E OAKLAND PARK BLVD 306 FT. LAUDERDALE FL 33306 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 reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. [X] Change **Г**X Addition Delete TITLE TITLE Klemish, Leonard NAME NAME SPARROW, ROBERT 4117 Bougainvilla Dr., #314 STREET ADDRESS STREET ADDRESS 4117 BOUGAINVILLA DRIVE CITY-ST-ZIP CITY-ST-ZIF Lauderdale By-The-Sea, FL 33308 <u>Lauderdale by the sea fl</u> TITLE SD Change X Addition PD Delete TITLE NAME Jungman, Elissa NAME JUNGEMAN, GARY STREET ADDRESS STREET ADDRESS 4117 Bougainvilla Dr., #306 4117 BOUHAINVILLE DR 512 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 <u> Lauderdale By-The-Sea, FL 33308</u> Delete TITLE ☐ Change Addition Addition SD TITLE NAME NAME Brennan, Robert LaChapelle, Claude STREET ADDRESS STREET ADDRESS 4117 BOUGAINVILLA DRIVE #107 4117 Bougainvilla Dr., #410 CITY-ST-ZIP CITY-ST-ZIP <u>Lauderdale by the sea fl</u> Lauderdale By-The-Sea, FL 33308 TITLE Delete TITLE VPD NAME NAME NICHOLLS, GARY STREET ADDRESS STREET ADDRESS 4117 BOUGAINVILLE DR 512 CITY-ST-ZIP CITY-ST-ZIP <u>Lauderdale by the sea fl 33308</u> Change Addition TITLE TITLE Delete NAME CONNORS, THOMAS NAME STREET ADDRESS STREET ADDRESS 4117 BOUGAINVILLE DR 214 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of trustee empowered to effect to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with appears. With all bitself like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SICI/WILLIUMME OLGARUD. NICHOLLS
IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

954-561-8565

Daytime Phone #

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