

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90088 022 ***550.00

0144683 AB

DOCUMENT # F02000003985

1. Entity Name

NATIONAL LEISURE GROUP INC.



Principal Place of Business
**100 SYLVAN ROAD, SUITE 600
WOBURN MA 01801**

Mailing Address
**100 SYLVAN ROAD, SUITE 600
WOBURN MA 01801**

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 **04-3259479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **GOWELL, AARON**
STREET ADDRESS **100 SYLVAN ROAD, SUITE 600**
CITY-ST-ZIP **WOBURN MA 01801**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TAS** ☐ Delete
NAME **SPOHN, STEPHEN**
STREET ADDRESS **100 SYLVAN ROAD, SUITE 600**
CITY-ST-ZIP **WOBURN MA 01801**

TITLE **V/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURRAY, STEPHEN**
STREET ADDRESS **1188 CENTER STREET**
CITY-ST-ZIP **NEWTON MA**

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

TITLE **D** ☐ Delete
NAME **HIPPEAU, ERIC**
STREET ADDRESS **1188 CENTER STREET**
CITY-ST-ZIP **NEWTON MA 02459**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **28 EAST 28TH ST 15TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10016**

TITLE **D** ☐ Delete
NAME **CUTLER, JOEL**
STREET ADDRESS **800 BOYLSTON STREET**
CITY-ST-ZIP **BOSTON MA 02199**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **BRADLEY GERSTNER**
STREET ADDRESS **100 SYLVAN ROAD SUITE 600**
CITY-ST-ZIP **WOBURN MA 01801**

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03

Date

617-587-6720

Daytime Phone #

CP2E034 (4/03)

Attachment
90156479
FO2000003985

NATIONAL LEISURE GROUP, INC.

Addition

TITLE - D

NAME - David Fialkow

STREET ADDRESS - 800 Boylston Street, Suite 400

CITY-ST-ZIP - Boston, MA 02199