

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90029 029 ****70.00

DOCUMENT # N39365

1. Entity Name

REVITALAX VICTORIAN RESORT, INC.

Principal Place of Business

Mailing Address

225 NORTH D STREET
 LAKE WORTH FL 33460

P.O. BOX 17363
 WEST PALM BEACH FL 33416-7363

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

65-0311266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCELLE-CONEY, DEBRA
225 NORTH D STREET
LAKE WORTH FL 33460

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 reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCELLE-CONEY, DEBRA	
STREET ADDRESS	225 NORTH D STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONEY, GARY	
STREET ADDRESS	5832 CARSON PL.	
CITY-ST-ZIP	LANTANA FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, CYNTHIA	
STREET ADDRESS	212 FOX TAIL DR. UNIT D	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENDEN, MARY BETH	
STREET ADDRESS	2638 LA LIGUE CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MENDEN, GENE	
STREET ADDRESS	2638 LA LIQUE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Debra Marcelle-Coney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 561-582-8296
 Date Daytime Phone #

CR2E037 (9/99)