

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90266 036 \*\*\*\*70.00

**DOCUMENT # N39365**

1. Entity Name  
**REVITALAX VICTORIAN RESORT, INC.**



Principal Place of Business

**225 NORTH D STREET  
LAKE WORTH FL 33460**

Mailing Address

**P.O. BOX 17363  
WEST PALM BEACH FL 33416**

2. Principal Place of Business

**5050 Tenth Avenue N.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite D**

City & State

**Greenacres, FL 33463**

City & State

Zip

Country

**USA**

Zip

Country

4. FEI Number **65-0311266**

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

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

7. Name and Address of New Registered Agent

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**5050 Tenth Avenue North**

**Suite D**

City

**Greenacres**

**FL**

Zip Code

**33463**

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 **Debra Marcelle-Coney, Executive Director**

*Debra Marcelle-Coney* 4/14/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Neal Cameron</b>	
STREET ADDRESS	<b>831 Evergreen Drive</b>	
CITY-ST-ZIP	<b>Lake Park, FL 33403</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tonia Jackson</b>	
STREET ADDRESS	<b>4200 Inverrary Blvd., #3710</b>	
CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

**Gene Menden**  
*Gene Menden*

4/14/03

561-968-2533

CR2E037 (10/02)