

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000079842**

Entity Name

PATRIOT RESORTS CORPORATION

FILED
May 22, 2000 8:00 am
Secretary of State

04-18-2000 90266 033 ***150.00

Principal Place of Business NORTH OCEAN BLVD., SUITE 121 LAUDERDALE FL 33308	Mailing Address 3015 NORTH OCEAN BLVD., SUITE 121 FT LAUDERDALE FL 33308-7344
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0950067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD ET AL
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Rebecca A. Foster
 Street Address (P.O. Box Number is Not Acceptable) 3015 N. Ocean Blvd
Suite 115
 City Ft Lauderdale **FL** Zip Code 33308

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] DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, REBECCA A	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDAU, MARC J	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rebecca A. Foster **3/28/2000** **954-563-2444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)