

**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 Suite, Apt. #, etc.	3. Mailing Address 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 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOSTER, REBECCA A</b>	
STREET ADDRESS	<b>3015 NORTH OCEAN BLVD., SUITE 121</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDAU, MARC J</b>	
STREET ADDRESS	<b>3015 NORTH OCEAN BLVD., SUITE 121</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
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)