2000 UNIFORM BUSINESS REPORT (UBR)

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # F9700001171 Jul 28, 2000 8:00 am 1. Entity Name Secretary of State GRAND COURT FACILITIES, INC., XIV 07-28-2000 90081 001 ***150.00 07-28-2000 90081 002 ***400.00 Mailing Address Principal Place of Business SUITE 350, 2650 N MILITARY TRAIL SUITE 350, 2650 N MILITARY TRAIL BOCA RATON FL 33431-6389 BOCA RATON FL 33431 19028 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0601720 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VP+ asst Sec. ddition Change TITLE TITLE RODIN, BERNARD M NAME NAME SUITE 350, 2650 N MILITARY TRAIL STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE KOFFER, NANCY NAME NAME STREET ADDRESS SUITE 350, 2650 N MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** VI + Pres, ☐ Addition ☐ Delete TITLE MERLINO, CATHERINE NAME NAME SUITE 350, 2650 N MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Detete TITLE TITLE LUCIANI, JOHN NAME SUITE 350, 2650 N MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Defete TITLE Change ☐ Addition TITLE MARLOWE, KEITH NAME NAME ONE EXECUTIVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LEE NJ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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