

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557927

1. Entity Name

LEISURE ATTRACTIONS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90030 032 ***150.00

Principal Place of Business

Mailing Address

5121 HIDDEN HARBOR RD
SARASOTA FL 34242
US

P. O. BOX 4019
SARASOTA FL 34230-4019
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5137 Jungle Plum Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

4. FEI Number

59-1806404

Applied For

Not Applicable

Zip

34242

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, FRED, III
5121 HIDDEN HARBOR ROAD
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name
Fred Hollingsworth, III

Street Address (P.O. Box Number is Not Acceptable)
5137 Jungle Plum Road

City
Sarasota

FL

Zip Code
34242

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLLINGSWORTH, FRED III 5121 HIDDEN HARBOR ROAD SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCATCHARD, JUDY M. 5121 HIDDEN HARBOR ROAD SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, FRED IV 4960 COMMONWEALTH DRIVE SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OTIS, FITZ-EDWARD 1700 COVE TWO PLACE SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLLINGSWORTH, FRED III 5137 Jungle Plum Road Sarasota, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCATCHARD, JUDY M. 5137 Jungle Plum Road Sarasota, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

FRED HOLLINGSWORTH, III, As President

Date

Daytime Phone #