

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90122 011 \*\*\*\*61.25

**DOCUMENT # 717234**

1. Entity Name

**LEISURE PARK ASSOCIATION, INC.**

Principal Place of Business

**900 NE 18TH AVE  
FT. LAUDERDALE FL 33304  
US**

Mailing Address

**900 NE 18TH AVE  
FT. LAUDERDALE FL 33304-3063  
US**

00008640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-1318150**

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIEB, HERBERT  
900 NE 18 AVE APT 708  
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>CURASI, MIKE</b>              |                                 |
| STREET ADDRESS | <b>900 N.E. 18TH AVE., #1208</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33304</b>   |                                 |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>VP</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>STACEY, WALLY</b>           |                                 |
| STREET ADDRESS | <b>900 N.E. 18TH AVE #1008</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>       |                                 |

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>T</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>LIEB, HERBERT</b>            |                                 |
| STREET ADDRESS | <b>900 N.E. 18TH AVE., #708</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33304</b>  |                                 |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>MALOUF, GEORGE</b>          |                                 |
| STREET ADDRESS | <b>900 N E 18TH AVE # 1401</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33304</b> |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>LEONE, BETTY</b>         |                                 |
| STREET ADDRESS | <b>900 NE 18TH AVE #407</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUD FL 33304</b>    |                                 |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BELL, MICHAEL</b>           |  |
| STREET ADDRESS | <b>900 NE 18TH AVE 1402</b>    |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33304</b> |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MICHAEL WASKO</b>          |  |
| STREET ADDRESS | <b>900 N.E. 18TH AVE 1101</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUD FL. 33304</b>     |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JOHN SYMONS</b>           |  |
| STREET ADDRESS | <b>900 N.E. 18TH AVE 306</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUD. FL. 33304</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    |  |   |

|                |  |   |
|----------------|--|---|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 954-763-4575