

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90018 044 \*\*\*\*61.25

**DOCUMENT # 719639**

1. Entity Name

**LEISURE TOWERS LAND OWNERS, INC.**

Principal Place of Business

400 NW 20TH ST.  
 FT. LAUDERDALE FL 33311

Mailing Address

400 NW 20TH ST.  
 FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1369526**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLADE, DAVID A**  
**1180 S POWERLINE RD**  
**FORT LAUDERDALE FL 33311**

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: PD  
 NAME: FERRARO, STEPHEN  Delete  
 STREET ADDRESS: 710 N OCEAN BLVD #406  
 CITY-ST-ZIP: POMPANO BEACH FL

TITLE: STD  
 NAME: DIXON, DORIS L  Delete  
 STREET ADDRESS: 615 N. RIVERSIDE DR.  
 CITY-ST-ZIP: POMPANO BEACH FL 33062

TITLE: D  
 NAME: PAYTON, E.A.  Delete  
 STREET ADDRESS: 400 NW 20TH STREET  
 CITY-ST-ZIP: FT. LAUDERDALE FL 33311

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Delete  
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TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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**  
**SICILY PAYTON REQUIRED E.A. PAYTON**

Date

4/6/01

Daytime Phone #

854-865-4972

CR2E037 (10/00)