

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90037 023 \*\*\*\*61.25

**DOCUMENT # 733834**

1. Entity Name

**NATIVITY LEISURE CLUB, INC.**

Principal Place of Business

Mailing Address

5220 JOHNSON STREET  
 HOLLYWOOD FL 33021-5720

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 HOLLYWOOD FL 33021-5720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1655177**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLICHTE, PAUL G.**  
**2134 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

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 NAME	PD POLORIS, TYMECKI <input checked="" type="checkbox"/> Delete
STREET ADDRESS	909 E. HAWTHORNE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	VD TYMECKI, CHESTER C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	909 E HAWTHORNE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	TD KUNZ, ELSIE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	3624 JACKSON ST. #1
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	SR KEUK, PAULINE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5300 WASHINGTON ST. P-3
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	S RANDAZZO, JOSEPHINE <input type="checkbox"/> Delete
STREET ADDRESS	5300 WASHINGTON ST. H-233
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PRESIDENT ID VELMA (KRIS) GRICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3847 S. CIRCLE DR APT 10
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	V. PRES ID DOROTHEA MURPHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3847 S. CIRCLE DR APT 6
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	TREAS ID AN DORER SHORT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5300 WASHINGTON ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	Rec Sec <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	SECRETARY ID ALICE SAUCHEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5300 WASHINGTON ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CRE037 (10/00)

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:

*VELMA (KRIS) GRICE*

*VELMA (KRIS) GRICE 9/18/2001*

Date

*987-3300*

Daytime Phone