FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # 841997 1. Entity Name 04-22-2002 90189 023 \*\*\*150.00 LEISURE RESORTS, INC. Mailing Address Principal Place of Business % CHASE ENTERPRISES % CHASE ENTERPRISES JOSEPH KORZENIK ONE COMMERCIAL PLAZA JOSEPH KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103 HARTFORD CT 06103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 06-0992312 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KORZENIK, JOSEPH NAME STREET ADDRESS STREET ADDRESS ONE COMMERCIAL PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CHASE, DAVID T. NAME STREET ADDRESS ONE COMMERCIAL PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME REMIREZ, RICHARD J. F. STREET ADDRESS STREET ADDRESS 400-A N. FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl Change ☐ Addition TITLE ☐ Delete TITLE **EVD** NAME NAME CHASE, CHERYL A STREET ADDRESS STREET ADDRESS ONE COMMERCIAL PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHASE, ARNOLD L. STREET ADDRESS STREET ADDRESS ONE COMMERCIAL PLAZA CITY-ST-ZIP CITY-ST-ZIF HARTFORD CT ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME PORCO, ERNEST A STREET ADDRESS STREET ADDRESS ONE COMMERCIAL PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06103

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.



4/1/02

Date

860/293-4315

Daytime Phone #