

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90086 001 ***150.00
 07-28-2000 90086 002 ***400.00

DOCUMENT # F95000002263

1. Entity Name
LEISURE FACILITIES, INC., VI ✓

Principal Place of Business Mailing Address
SUITE 350 **SUITE 350**
2650 NORTH MILITARY TRAIL **2650 NORTH MILITARY TRAIL**
BOCA RATON FL 33431 **BOCA RATON FL 33431-6389**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0501458** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

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 _____ DATE _____
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCIANI, JOHN SUITE 350, 2650 N MILITARY TR. BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. + T. Catherine Merlino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Executive Dr. Fort Lee NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RÖDIN, BERNARD M SUITE 350, 2650 N MILITARY TR. BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Keith Marlowe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Executive Dr. Fort Lee NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. + A.S. Dawn Cabbison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2650 N. Military Trail BOCA RATON, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Keith Marlowe Sec. Date: 7/20/00 Daytime Phone #: 2019477322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR