

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91177 001 \*\*\*550.00

**DOCUMENT # F95000002263**

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

**Principal Place of Business**  
**SUITE 350**  
**2650 NORTH MILITARY TRAIL**  
**BOCA RATON FL 33431**

**Mailing Address**  
**SUITE 350**  
**2650 NORTH MILITARY TRAIL**  
**BOCA RATON FL 33431**

**2. Principal Place of Business**

**100 Jericho Quadrangle**  
**Suite, Apt., etc.**  
**214**

**3. Mailing Address**

**Suite, Apt., etc.**  
**same**

**City & State**  
**Jericho NY**

**City & State**

**Zip**

**Zip**  
**11753**

**Country**  
**USA**

**Zip**

**Country**

**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**

**7. Name and Address of New Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD.**  
**1406 HAYS ST., STE. 2**  
**TALLAHASSEE FL 32301**

**Name**  
**Corporation Service Company**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1201 Hays Street**

**City** **Tallahassee** **FL** **Zip Code** **32301**

**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** **Judith Morgan, Asst. V. P.**  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

**05/17/2001**  
DATE

**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DP</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>LUCIANI, JOHN</b>	
<b>STREET ADDRESS</b>	<b>SUITE 350, 2650 N MILITARY TR.</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33431</b>	
<b>TITLE</b>	<b>VPT</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MARLINO, CATHERINE</b>	
<b>STREET ADDRESS</b>	<b>ONE EXECUTIVE DR.</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LEE NJ 07024</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MARLOWE, KEITH</b>	
<b>STREET ADDRESS</b>	<b>ONE EXECUTIVE DR.</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LEE NJ 07024</b>	
<b>TITLE</b>	<b>VPAS</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>CULBISON, DAWN</b>	
<b>STREET ADDRESS</b>	<b>2650 N. MILITARY TRAIL</b>	
<b>CITY-ST-ZIP</b>	<b>PANAMA CITY FL 32413</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>CEO/PTD</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Michael Ashner</b>	
<b>STREET ADDRESS</b>	<b>100 Jericho Quadrangle, Ste 214</b>	
<b>CITY-ST-ZIP</b>	<b>Jericho, NY 11753</b>	
<b>TITLE</b>	<b>EVP/Asst. Sec'y/D</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Peter Braderman</b>	
<b>STREET ADDRESS</b>	<b>100 Jericho Quadrangle, Ste 214</b>	
<b>CITY-ST-ZIP</b>	<b>Jericho, NY 11753</b>	
<b>TITLE</b>	<b>COO/EVP/Sec'y</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Carolyn Tisany</b>	
<b>STREET ADDRESS</b>	<b>100 Jericho Quadrangle, Ste 214</b>	
<b>CITY-ST-ZIP</b>	<b>Jericho, NY 11753</b>	
<b>TITLE</b>	<b>CFO/Treasurer</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Tom Staples</b>	
<b>STREET ADDRESS</b>	<b>100 Jericho Quadrangle, Ste 214</b>	
<b>CITY-ST-ZIP</b>	<b>Jericho, NY 11753</b>	
<b>TITLE</b>	<b>Asst. Sec'y</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Allison Forrester</b>	
<b>STREET ADDRESS</b>	<b>100 Jericho Quadrangle, Ste 214</b>	
<b>CITY-ST-ZIP</b>	<b>Jericho, NY 11753</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 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 information empowered.**

**SIGNATURE:** **Allison Forrester**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Asst Sec'y** **5/15/01** **6813636**  
Date Daytime Phone #

CR2E034 (10/00)