

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Jericho Quadrangle
 Suite, Apt., etc.
214

3. Mailing Address

same
 Suite, Apt., etc.

City & State
Jericho NY

City & State

4. FEI Number **65-0501458**

Applied For
 Not Applicable

Zip **11753** Country **USA**

Zip Country

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 05/17/2001
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) 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 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARLINO, CATHERINE ONE EXECUTIVE DR. FORT LEE NJ 07024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLOWE, KEITH ONE EXECUTIVE DR. FORT LEE NJ 07024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CULBISON, DAWN 2650 N. MILITARY TRAIL PANAMA CITY FL 32413	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 information.

SIGNATURE: Allison Forrester Asst Sec'y 5/15/01 516 6813636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)