

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001557

1. Entity Name

GRAND COURT LIFESTYLES, INC.

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

07-28-2000 90089 001 ***150.00
 07-28-2000 90089 002 ***400.00

Principal Place of Business Mailing Address
 2650 NORTH MILITARY TRAIL, SUITE 350 2650 NORTH MILITARY TRAIL, SUITE 350
 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

4. FEI Number 22-3423087

Applied For
 Not Applicable

Zip

Country

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., INC.
 1406 HAYS STREET, SUITE #2
 TALLAHASSEE FL 32301

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

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 PD
 NAME LUCIANI, JOHN W
 STREET ADDRESS 2650 NORTH MILITARY TRAIL, SUITE 350
 CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
 NAME Catherine's Merlynio
 STREET ADDRESS One Executive Dr. V.P.+
 CITY-ST-ZIP Fort Lee N J 07024 ☐ Change ☒ Addition

TITLE VSTD
 NAME RODIN, BERNARD M
 STREET ADDRESS 2650 NORTH MILITARY TRAIL, SUITE 350
 CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE
 NAME Keith Marlowe
 STREET ADDRESS One Executive Dr.
 CITY-ST-ZIP Fort Lee N J 07024 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE: Keith Marlowe, Sec. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 2019477322

Date

Daytime Phone #