

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91177 002 \*\*\*550.00

0298576

**DOCUMENT # F96000003540**

1. Entity Name

**GRAND COURT FACILITIES, INC., IX**

Principal Place of Business

2650 N MILITARY TR #350  
 BOCA RATON FL 33431

Mailing Address

2650 N MILITARY TR #350  
 BOCA RATON FL 33431

2. Principal Place of Business

100 Jericho Quadrangle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jericho NY

City & State

Same

Zip

11753

Country

USA

Zip

Country

4. FEI Number

65-0680262

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., INC.**  
**1406 HAYS ST #2**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	LUCIANI, JOHN	
STREET ADDRESS	2650 N MILITARY TR #350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUCIANI, DORIAN	
STREET ADDRESS	2650 N MILITARY TR #350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARLOWE, KEITH	
STREET ADDRESS	2650 N MILITARY TR #350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MERLINO, CATHERINE	
STREET ADDRESS	2650 N MILITARY TR #350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE:

*Allison Forrester*

*Asst Sec'y*

*5/15/01*

*516 681 3036*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)