

DOCUMENT # F97000001171

GRAND COURT FACILITIES, INC., XIV

SUITE 350, 2650 N MILITARY TRAIL
BOCA RATON FL 33431

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BOCA RATON FL 33431

100 Tericho Quadrangle
Suite, Apt. #, etc.
214

Suite, Apt. #, etc.

City & State
Jericho NY

Zip

Zip 11753

Country
USA

Country

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS STREET SUITE #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.

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, 2011 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input type="checkbox"/> Delete
NAME	CUBBISON, DAWN	
STREET ADDRESS	2650 N. MILITARY TRAIL	
CITY - ST - ZIP	BOCA RATON FL 33431	

TITLE	SVP	Delete
NAME	JACIANI, DORIAN	
STREET ADDRESS	2650 N. MILITARY TRAIL	
CITY - ST - ZIP	BOCA RATON FL 33431	

TITLE	PVT	<input checked="" type="checkbox"/> Delete
NAME	MERLINO, CATHERINE	
STREET ADDRESS	ONE EXECUTIVE DRIVE	
CITY-ST-ZIP	FORT LEE NJ 07024	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LUCIANI, JOHN	
STREET ADDRESS	SUITE 350, 2650 N MILITARY TRAIL	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	S	<input checked="" type="checkbox"/> Deleted
NAME	MARLOWE, KEITH	
STREET ADDRESS	ONE EXECUTIVE DR	
CITY - ST - ZIP	FORT LEE NJ	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	CEO P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Michael Ashner		
STREET ADDRESS	100 Jericho Quadrangle, Suite 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 TISSANDY		
STREET ADDRESS	100 Jericho Quadrangle, Suite 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. Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Allison Forrester		
STREET ADDRESS	100 Jericho Quadrangle, Suite 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 all other like empowered persons.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Acc# 51501 Date 6/8/86 Daytime Phone # 516 3636

Date _____

Daytime Phone #

CR2E034 (10/00)