

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91174 005 ***550.00

DOCUMENT # F98000002922

1. Entity Name

GRAND COURT FACILITIES, INC., XXIII

Principal Place of Business

2650 N. MILITARY TR., STE. 350
 BOCA RATON FL 33431

Mailing Address

2650 N. MILITARY TR., STE. 350
 BOCA RATON FL 33431

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc. Suite

City & State

Jericho, NY

City & State

Jericho, NY

Zip

11753

Country

USA

Zip

Jericho, NY

Country

Jericho, NY

4. FEI Number

22-3611994

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., INC.
 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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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	DCEO	<input checked="" type="checkbox"/> Delete
NAME	LUCIANI, JOHN	
STREET ADDRESS	2650 N. MILITARY TR., STE. 350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARLOWE, KEITH	
STREET ADDRESS	ONE EXECUTIVE DRIVE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUCIANI, DORIAN	
STREET ADDRESS	2650 N. MILITARY TR., STE. 350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PVPT	<input checked="" type="checkbox"/> Delete
NAME	MERLINO, CATHERINE CFO	
STREET ADDRESS	ONE EXECUTIVE DRIVE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	MERRELL, REBECCA	
STREET ADDRESS	2650 N. MILITARY TR., STE. 350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	PELUSO, DAWN	
STREET ADDRESS	2650 N. MILITARY TR., STE. 350	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	CEO/P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Ashner	
STREET ADDRESS	100 Jericho Quad, 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 all other like empowered.

SIGNATURE:

Allison Forrester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec'y

5/17/01

Date

516
 681-3636

Daytime Phone #

CR2E034 (10/00)