

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 012 ***150.00

0039243 AV

DOCUMENT # F99000002015

1. Entity Name
BOCA RESORTS HOTEL CORPORATION



Principal Place of Business
**501 E CAMINO REAL
CORPORATE OFFICE
BOCA RATON FL 33432**

Mailing Address
**P O BOX 5025
CORPORATE OFFICE
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0909990**

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

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CVPD** ☒ Delete
NAME **PIERCE, WILLIAM M**
STREET ADDRESS **501 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **CVPD** ☐ Change ☒ Addition
NAME **MOOR, WAYNE**
STREET ADDRESS **501 E. CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VPT** ☒ Delete
NAME **DAURIA, STEVEN M**
STREET ADDRESS **501 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPT** ☐ Change ☒ Addition
NAME **FINOCCHIARO, MARY JO**
STREET ADDRESS **501 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VPS** ☐ Delete
NAME **HANDLEY, RICHARD L**
STREET ADDRESS **450 E LAS OLAS BLVD #1500**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **P** ☐ Delete
NAME **FEDER, DAVID S**
STREET ADDRESS **501 E. CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE OF MARY JO FINOCCHIARO* 2/4/03 561-447-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)