

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15675

1. Entity Name

FIRST LEISURE CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 022 ***150.00

Principal Place of Business

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

Mailing Address

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

2. Principal Place of Business

2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

3. Mailing Address

2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip
34746

Country
US

Zip
34746

Country
US

4. FEI Number

59-2546490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, JARED
EXECUTIVE OFFICES
2794 NORTH POINCIANA BLVD.
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name **ROBERT KAPLUS**

Street **2800 N. POINCIANA BLVD**

City **KISSIMMEE** **FL** **34746**

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, 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 **SDCB** ☐ Delete
NAME **MEYERS, HILLEL**
STREET ADDRESS **4875 PINETREE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PD** ☐ Delete
NAME **KAPLUS, ROBERT**
STREET ADDRESS **3235 TOMAHAWK DR.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **TVD** ☒ Delete
NAME **MEYERS, NEIL**
STREET ADDRESS **2791 N. POINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **AS** ☒ Delete
NAME **SINCLAIR, CYNTHIA A**
STREET ADDRESS **7757 INDIAN RIDGE TRAIL N**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VP** ☒ Delete
NAME **MEYERS, JENNIFER**
STREET ADDRESS **4875 PINE TREE DR**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **P.D.T. ROBERT A.**
STREET ADDRESS **8842 ELLIOTTS CT**
CITY-ST-ZIP **ORLANDO FL 32836**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. KAPLUS

Date

Daytime Phone #

CP2E034 (10/00)