FILED UNIFORM BUSINESS REPORT *JBR) 02 DEC 20 AM 10: 24 DOCUMENT # N39365 JE CHETARY OF STATE 1. Entity Name Revitalax Victorian Resort, Inc. LOO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 5050 Tenth Avenue 🔭 P.O. Box 17363 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite D Applied For 4. FEI Number 65-0311266 City & State City & State Not Applicable Greenacres, FL Vest Palm Beach Country USA \$8.75 Additional Country ^{Zip}33463 5. Certificate of Status Desired Fee Required USA 7. Name and Address of Current Registered Agent ^NDebra Marcelle—Coney DO NOT WRITE Stage agricultus Park Number & Not Acceptable) IN THIS SPACE Zip Code 3.346.3 ^CĽake Worth submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 11/7/02 DATE ed Apent stanature required when reinstating (NOTE: Regis Make Check Payable to Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECT 10. TITLE **WPD** ADD NAME Neal Cameron 417/15/02--01097--0037-******70:00 STREET ADDRESS 831 Evergreen Drive CITY-ST-ZIP ake Park, FL 3340: George Johnson STREET ADDRESS STREET ADDRESS 212D Foxtail Drive West Palm, Beach, FI CITY ST 7IP TITLE NAME Stephanie Reeves STREET ADDRESS DO NOT WRITE STREET ADDRESS 2000 Palm Beach Lakes Blvd. West Palm Beach, FL 33409 CITY ST 2 CITY-ST-ZIP IN THIS SPACE MaryBeth Menden 16 Laguna Court NAME NAME STREET ADDRESS STREET ADDRESS Palm Beach-Gardens, FL 3341 CITY-ST-ZIP George Mitchell NAME STREET ADDRESS STREET ADDRESS 1301 SE 1st Avenue CITY ST ZIP CITY-ST-ZIP Deerfield Beach, FL Gene Menden NAME STREET ADDRESS STREET ADDRESS 16 Laguna Court CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, 12. I hereby certify that the information supplied with this fifting 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 617. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. אָענע Marcelle-Coney 561-582-8296 11/7/02

Daytime Prione # 561-582-8296

6/02