

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90266 036 *****70.00

DOCUMENT # N39365

1. Entity Name

REVITALAX VICTORIAN RESORT, INC.



Principal Place of Business

**225 NORTH D STREET
LAKE WORTH FL 33460**

Mailing Address

**P.O. BOX 17363
WEST PALM BEACH FL 33416**

2. Principal Place of Business

5050 Tenth Avenue N.

3. Mailing Address

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

City & State

Greenacres, FL 33463

City & State

Zip

Country

USA

Zip

Country

4. FEI Number **65-0311266**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARCELLE-CONEY, DEBRA
225 NORTH D STREET
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

5050 Tenth Avenue North

Suite D

City

Greenacres

FL

Zip Code

33463

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

Debra Marcelle-Coney, Executive Director

Debra Marcelle-Coney 4/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GEORGE	
STREET ADDRESS	212 FOX TAIL DR UNIT D	
CITY-ST-ZIP	GREEN ACRES FL 33415	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONEY, GARY	
STREET ADDRESS	5832 CARSON PL.	
CITY-ST-ZIP	LANTANA FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CYNTHIA	
STREET ADDRESS	212 FOX TAIL DR. UNIT D	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENDEN, MARY BETH	
STREET ADDRESS	2638 LA LIGUE CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MENDEN, GENE	
STREET ADDRESS	2638 LA LIGUE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Cameron	
STREET ADDRESS	831 Evergreen Drive	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tonia Jackson	
STREET ADDRESS	4200 Inverrary Blvd., #3710	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Gene Menden

Gene Menden

4/14/03

561-968-2533

CR2E037 (10/02)