## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P34900 Jul 28, 2000 8:00 am Secretary of State GRAND COURT LIFESTYLES PAYROLL CORP. 07-28-2000 90088 001 \*\*\*150.00 07-28-2000 90088 002 \*\*\*400.00 Principal Place of Business Mailing Address 2650 N. MILITARY TRAIL 2650 N. MILITARY TRAIL SUITE 350 SHITE 350 BOCA RATON FL 33431-6389 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0278950 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition PCD Delete TITLE Tatherine merlino TITLE LUCIANI, JOHN NAME NAME one Executive Dr. 70024 STREET ADDRESS STREET ADDRESS 2650 N MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Keith marlowe Delete TITLE TITLE RODIN, BERNARD M. NAME One Executuê Dr. STREET ADDRESS STREET ADDRESS 2650 N MILITARY TRAIL CITY-ST-ZIP CITY-ST-7iP **BOCA RATON FL** ☐ Addition TITLE TITLE NAME RODIN, BERNARD M. NAME STREET ADDRESS STREET ADDRESS 2650 N MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITI F ☐ Change ☐ Addition ☐ Delete LUCIANI, JOHN, III NAME NAME STREET ADDRESS STREET ADDRESS 2650 N MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME LUCIANI, DORIAN NAME STREET ADDRESS STREET ADDRESS 2650 MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE □ Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Weth Mulare Sec

7/20/00

*201947732*2

Date

Daytime Phone #