

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3/00-90112-013-\$150.00-\$150.00

DOCUMENT # P96000070601

1. Entity Name

LEISURE COMMUNICATIONS INTERNATIONAL, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -8 PM 2:38

Principal Place of Business

Mailing Address

1850 LEE ROAD  
SUITE 331  
WINTER PARK FL 32789  
US

1850 LEE ROAD  
SUITE 331  
WINTER PARK FL 32789-2164  
US

2. Principal Place of Business

3. Mailing Address

999 Ponce de Leon  
Suite, Apt. #, etc.  
Suite 915

c/o Keith St. Clair  
Suite, Apt. #, etc.  
999 Ponce de Leon, #915

City & State  
Coral Gables, FL 33134

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Coral Gables, FL 33134

4. FEI Number 59-3406516

Applied For  
Not Applicable

Zip Country  
33134 USA

Zip Country  
33134 USA

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

ST CLAIR, KEITH R  
1850 LEE ROAD SUITE 331  
WINTER PARK FL 32789

Name  
Keith St. Clair  
Street Address (P.O. Box Number is Not Acceptable)  
999 Ponce de Leon, #915

City Coral Gables, FL Zip Code 33134

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

*Keith St. Clair* KEITH ST CLAIR PRESIDENT

6/1/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ST CLAIR, K. R.	
STREET ADDRESS	1850 LEE ROAD 331	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	999 Ponce de Leon, #915	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		

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:

*KEITH ST CLAIR* KEITH ST CLAIR

4/27/2000 305-507-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)