

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018976

1. Entity Name

CENTRAL LEISURE PROPERTIES, INC.

Principal Place of Business

1915 NE 45 ST #105  
FT LAUDERDALE FL 33308

Mailing Address

P. O. BOX 11958  
FORT LAUDERDALE FL 33339-1958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBBAT, GEORGE  
2200 NE 33 AVE, 14G  
FT LAUDERDALE FL 33305

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ROBBAT, GEORGE  
2200 N.E. 33 AVENUE  
FORT LAUDERDALE FL 33305

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
KOZIARA, RICHARD  
2200 N.E. 33A AVENUE  
FORT LAUDERDALE FL 33305

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KOZIARA MARY  
2200 NE 33A AVE  
FT. LAUDERDALE FL 33305

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Pres.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Sec.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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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

Date

Daytime Phone

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90080 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

3/18/00

3/18/00 95429197