

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 020 ***150.00

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

2. Principal Place of Business

1005 NE 43ST
Suite, Apt. #, etc.
OAKLAND, PK
City & State
FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0757628

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Geo. Robbat*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROBBAT, GEORGE
STREET ADDRESS 2200 N.E. 33 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME KOZIARA, RICHARD
STREET ADDRESS 2200 N.E. 33A AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME KOZIARA, MARY
STREET ADDRESS 2200 N.E. 33 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 607, 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: *Geo. Robbat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)