

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90119 028 ***150.00

DOCUMENT # P98000006593

1. Entity Name
LUCIE HOTEL CORP.

Principal Place of Business
**1100 LINTON BOULEVARD
 SUITE C-9
 DELRAY BEACH FL 33444**

Mailing Address
**1100 LINTON BOULEVARD
 SUITE C-9
 DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0806409**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**CRITCHFIELD, RICHARD H
 1100 LINTON BOULEVARD
 SUITE C-9
 DELRAY BEACH FL 33444**

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) 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WALSH, MARK	1100 LINTON BLVD., STE. C-9	DELRAY BEACH FL 33444				
VPD	WALSH, MICHAEL	1100 LINTON BLVD., STE. C-9	DELRAY BEACH FL 33444				
EVP	ADE, RICHARD C	1000 MARKET STREET, BLDG. 1	PORTSMOUTH NH 03801				
S	CULTCHFIELD, RICHARD H	1100 LINTON BLVD., STE. C-9	DELRAY BEACH FL 33444				

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: Mark Walsh **MARK WALSH** 4/11/02 (561) 279-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)