

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90036 049 ***150.00

DOCUMENT # **P48 0000 20373**

1. Entity Name

LBK Resort Advisors INC

Principal Place of Business

Mailing Address

521 5th AVE, Suite 2300
NEW YORK, NY 10175

2. Principal Place of Business

521 5th AVE

3. Mailing Address

521 5th AVE

Suite, Apt. #, etc.

Suite 2300

Suite, Apt. #, etc.

Suite 2300

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10175

Country

USA

Zip

10175

Country

USA

4. FEI Number

65-0816683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kirk - Pinkerton
720 SOUTH ORANGE AVE
SARASOTA, FLORIDA 34236
ATTN. DAVID M SILBERSTEIN, ESQ

7. Name and Address of New Registered Agent

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, 2000 FEE WILL BE \$500.00
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 **DIRECTOR President Secretary** ☐ Delete
NAME **Joseph S. Lesser**
STREET ADDRESS **521 5th AVE, S 2300**
CITY-ST-ZIP **NEW YORK NY 10175**

TITLE **DIRECTOR Vice Pres Treas.** ☐ Delete
NAME **ALAN L. GORDON**
STREET ADDRESS **521 5th AVE, S 2300**
CITY-ST-ZIP **NEW YORK NY 10175**

TITLE **DIRECTOR** ☐ Delete
NAME **Bernard Falk**
STREET ADDRESS **521 5th AVE, S 2300**
CITY-ST-ZIP **NEW YORK NY 10175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: **ALAN L. GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #