## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000005342 Jul 18, 2000 8:00 am 1. Entity Name Secretary of State ELITE RESORTS, INC. 07-18-2000 90014 037 \*\*\*150.00 Principal Place of Business Mailing Address 2503 ROYAL PALM DRIVE 2503 ROYAL PALM DRIVE **EDGEWATER FL 32141 EDGEWATER FL 32141** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59- 3560196 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, JEROME D Street Address (P.O. Box Number is Not Acceptable) 400 S. PALMETTO AVE. DAYTONA BEACH FL 32114 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back)! Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE Change PIANIN, KENNETH R NAME NAME 2503 ROYAL PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** ŊΡ Change Addition ☐ Delete TITLE TITL F STEG, REINHARD NAME 2503 ROYAL PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Change Addition Delete TITI F TITLE PIANIN, LAWRENCE R NAME NAME STREET ADDRESS 2503 ROYAL PALM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: