

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000080346**

1. Entity Name

LEISURE RESOURCE INC.

Principal Place of Business

4206 ENTERPRISE AVENUE

NAPLES  
34104

FL

Mailing Address

4206 ENTERPRISE AVENUE

NAPLES  
34104

FL

2. Principal Place of Business  
4206 ENTERPRISE AVENUE3. Mailing Address  
4206 ENTERPRISE AVENUESuite, Apt. #, etc.  
15Suite, Apt. #, etc.  
15City & State  
NAPLES

FL

City & State  
NAPLES

FL

Zip  
34104

Country

Zip  
34104

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
**1 EAST BROWARD BLVD., SUITE 700****FT LAUDERDALE**  
**33301**

US

FL

## 7. Name and Address of New Registered Agent

Name

**REICHERT BRUCE RMR**

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

**297 SABAL LAKE DRIVE**

City

**NAPLES**

FL

Zip Code  
**34104**

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 **BRUCE REICHERT**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2000**

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
**D BOBADILLA MIRTHA PION**  
**297 SABAL LAKES DRIVE**  
**NAPLES FL 34104**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
**D REICHERT MARCIA**  
**297 SABAL LAKES DRIVE**  
**NAPLES FL 34104**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MR REICHERT BRUCE RMR**  
**297 SABAL LAKE DRIVE**  
**NAPLES FL 34104**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**MS REICHERT MARCIA**  
**297 SABAL LAKES DRIVE**  
**NAPLES FL 34104**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **BRUCE REICHERT**DATE: **04/27/2000**