

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000080346

FILED
Feb 26, 2002 8:00 AM
Secretary of State

Entity Name: LEISURE RESOURCE INC.

Current Principal Place of Business:

4206 ENTERPRISE AVENUE
15
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4206 ENTERPRISE AVENUE
15
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0950454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REICHERT, BRUCE R MR
297 SABAL LAKE DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: REICHERT, MARCIA
Address: 297 SABAL LAKES DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: BOBADILLA DE PION, MILTA
Address: 297 SABAL LAKES DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MR () Delete
Name: REICHERT, BRUCE R MR
Address: 297 SABAL LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS (X) Change () Addition
Name: BOBADILLA DE PION, MILTA
Address: 297 SABAL LAKES DRIVE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE REICHERT

MR

02/26/2002

Electronic Signature of Signing Officer or Director

Date