

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091860

1. Entity Name

LEISURE DROME, INC.

Principal Place of Business

9600 US Hwy 192 W
Clermont, FL 34711

Mailing Address

9600 US Hwy 192 W
Clermont, FL 34711

2. Principal Place of Business

205 E. Central Blvd.
Suite, Apt. #, etc.
Suite 601

3. Mailing Address

205 E. Central Blvd.
Suite, Apt. #, etc.
Suite 601

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3613046

Applied For

Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

J. Bennett Grocock, P.A.
126 E. Jefferson Street
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name J. Bennett Grocock, P.A.

Street Address (P.O. Box Number is Not Acceptable)
205 E. Central Blvd., Ste 601

City Orlando, FL Zip Code 32801

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  J. Bennett Grocock, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2001

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, 2001 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 D/P/S/T ☐ Delete
NAME Steven F. Guicherit
STREET ADDRESS 9600 US Hwy 192, W
CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D/P/S/T ☒ Change ☐ Addition
NAME Steven F. Guicherit
STREET ADDRESS 205 E. Central Blvd., Suite 601
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 (407) 422-0300

Date

Daytime Phone #

CR2E034 (11/00)