2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **V71579**

1. Entity Name
KINGS ISLE RECREATION CORP.

Principal Place of Business	Mailing Address
700 N.W. 107 AVENUE	700 N.W. 107 AVENUE
MIAMI FL	MIAMI FL
33172	33172

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0462725** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 N.W. 107 AVENUE
MIAMI FL
33172 US

7. Name and Address of New Registered Agent

Name
MCCAIN DAVID BESQ.
Street Address (P.O. Box Number is Not Acceptable)
700 N.W. 107 AVENUE
City MIAMI **FL** Zip Code 33172

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 **DAVID B. MCCAIN** **01/16/2001**
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER STUART A. 700 NW 107 AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER STUART A 700 NW 107 AVE MIAMI FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SIERRA KATHLEEN E. 700 NW 107 AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SIERRA KATHLEEN E 700 NW 107 AVE MIAMI FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEKOR, ALLAN J. 700 NW 107 AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEKOR ALLAN J 730 NW 107 AVENUE MIAMI FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALCOLM WAYNEWRIGHT 700 NW 107 AVENUE MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MCCAIN DAVID B 700 NW 107 AVENUE MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MILLER, LEONARD 700 NW 107 AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MILLER LEONARD 700 NW 107 AVENUE MIAMI FL 33172	☒ Change ☐ Addition

CR2E034 (11/00)

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: David B. McCain VS 01/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #