


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90857 001 \*\*\*783.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F95000004388**

1. Entity Name  
**LEISURE HOMES CORPORATION**



Principal Place of Business  
**4310 PARADISE ROAD  
 LAS VEGAS NV 89109**

Mailing Address  
**4310 PARADISE ROAD  
 LAS VEGAS NV 89109**



2. Principal Place of Business  
**1645 Village Center Circle**

Suits, Apt. #, etc.  
**# 200**

3. Mailing Address  
**2280 Corporate Circle Dr**

Suits, Apt. #, etc.  
**# 100**

CHECK HERE IF MAKING CHANGES

City & State  
**LAS VEGAS, NV**

City & State  
**LAS VEGAS, NV**

Zip  
**89134**

Country  
**U.S.A.**

Zip  
**89134**

Country  
**U.S.A.**

4. FFI Number  
**88-0108662**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when necessary)

**IF FEE NOW FEES \$150.00**  
**After May 1, 2003 Fee will be \$50.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>KEPHART, FLOYD W<br>4310 PARADISE ROAD<br>LAS VEGAS NV    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>MCMURTRIE, GREGG A<br>4310 PARADISE ROAD<br>LAS VEGAS NV  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>JOSEPH, JON A<br>4310 PARADISE ROAD<br>LAS VEGAS NV       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>MCMURTRIE, GREGG A<br>4310 PARADISE ROAD<br>LAS VEGAS NV | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPS<br>JOSEPH, JON A<br>4310 PARADISE ROAD<br>LAS VEGAS NV      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPC<br>SULLIVAN, CAROL W<br>4310 PARADISE ROAD<br>LAS VEGAS NV  | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO / DIRECTOR<br>KEPHART, FLOYD W.<br>1645 VILLAGE CENTER CIRCLE #200<br>LAS VEGAS, NV 89134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT / CEO<br>MICHAEL H. GRECO<br>1645 VILLAGE CENTER CIRCLE #200<br>LAS VEGAS, NV 89134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SE. VP SECRETARY<br>KEVIN J. BLAIR<br>1645 VILLAGE CENTER CIRCLE #200<br>LAS VEGAS, NV 89134  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO / TREASURER<br>STAN L. SPENCER<br>1645 VILLAGE CENTER CIRCLE #200<br>LAS VEGAS, NV 89134  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin J. Blair - Kevin J. Blair Se. V.P. 03/28/03 702-992-4200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (1/01/02)