

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90035 045 \*\*\*158.75

**DOCUMENT # F93000003062**

1. Entity Name  
**ISLE OF CAPRI CASINOS, INC.**

Principal Place of Business <b>2200 CORPORATE BLVD NW          SUITE 310          BOCA RATON FL 33431          US</b>	Mailing Address <b>2200 CORPORATE BLVD NW          SUITE 310          BOCA RATON FL 33431          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>41-1659606</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**SOLOMON, ALLAN B**  
**2200 CORPORATE BLVD NW**  
**SUITE 310**  
**BOCA RATON FL 33431**

**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.

SIGNATURE \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GALLAWAY, JOHN M.</b> <b>711 WASHINGTON LOOP</b> <b>BILOXI MS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GOLDSTEIN, BERNARD</b> <b>4001 N. OCEAN BLVD.</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>SOLOMON, ALLAN B.</b> <b>2200 CORP. BLVD., NW STE. 310</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSTEIN, ROBERT</b> <b>555 N NEW BALLAS ROAD #150</b> <b>ST LOUIS MO 63141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>YEISLEY, REXFORD</b> <b>711 WASHINGTON LOOP</b> <b>BILOXI MS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRYSTAL, EMANUEL</b> <b>711 WASHINGTON LOOP</b> <b>BILOXI MS</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rexford A. Yeisley **Rexford A. Yeisley** 3/12/01 228-396-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)