

001 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # N95000001176
1. Entity Name
KINGS ISLE BINGO CLUB, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 Dec 31 PM 4:00

Principal Place of Business **Mailing Address**
100 NW KINGS ISLE BLVD. **100 NW KINGS ISLE BLVD.**
PORT ST LUCIE FL 34986 **PORT ST LUCIE FL 34986**

2. Principal Place of Business **3. Mailing Address**
 Subj. Apt. #, etc. Subj. Apt. #, etc.
 City & State City & State

Zip **Country** **Zip** **Country**

4. FEI Number **65-0582094** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRESNAHAN, WILLIAM
100 NW KINGS ISLE BLVD
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent
Name **MARCIA BENOIT**
Street Address (P.O. Box Number is Not Acceptable)
503 NW PORTOFINO LANE
City **PORT ST LUCIE** **FL** **Zip** **34986**

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 *Marcia D. Benoit* *November 29, 2001*

9. Election Campaign Financing **\$8.00 May Be**
 That Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> Date
NAME	BRESNAHAN, WILLIAM	
STREET ADDRESS	416 NW MARSALA TERRACE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	VP	<input checked="" type="checkbox"/> Date
NAME	BRESNAHAN, ELIZABETH	
STREET ADDRESS	416 NW MARSALA TERRACE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	TRES.	<input type="checkbox"/> Date
NAME	HANUS, PATRICIA	
STREET ADDRESS	545 NW PORTOFINO LANE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	SEC.	<input checked="" type="checkbox"/> Date
NAME	GEBERT, JEAN	
STREET ADDRESS	430 NW SHERRY LANE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Date
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Date
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOIT, MARCIA	
STREET ADDRESS	503 NW PORTOFINO LANE	
CITY-ST-ZIP	PORT ST LUCIE, FL. 34986	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEE, JOAN	
STREET ADDRESS	1071 NW TUSCANY DR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POND, MARIE C	
STREET ADDRESS	505 NW PORTOFINO LANE	
CITY-ST-ZIP	PORT ST LUCIE, FL. 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 617, 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 filers empowered.
SIGNATURE: *Marcia D. Benoit* *Oct 25, 2001* *561-879-7666*

CREATED (1/10/01)