

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Aug 16, 2001 8:00 am
Secretary of State

04-26-2001 90022 043 ***150.00

DOCUMENT # P00000090016

1. Entity Name

JC'S CASINO GETAWAY'S, INC.

Principal Place of Business

Mailing Address

6900-29 DANIELS PKWY. #295
 FT MYERS FL 33908

6900-29 DANIELS PKWY. #295
 FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3755263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANDAFFIO, JOSEPH
6900-29 DANIELS PKWY, #295
FT MYERS FL 33908

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

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

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 titles like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01

941-437-5375

CR2E034 (10/00)