

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90140 018 \*\*\*150.00

**DOCUMENT # P96000059919**

1. Entity Name

**CASINO GETAWAYS, INC.**

Principal Place of Business

Mailing Address

5686 YOUNGTOWN 7 AVE  
 1-03  
 FT MYERS FL 33912  
 US

5686 YOUNGTOWN 7 AVE  
 1-03  
 FT MYERS FL 33912  
 US

00006183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5686 YOUNGTOWN AVE  
 Suite, Apt. #, etc.  
 1-03

3. Mailing Address

16520 S. TAMiami TR  
 Suite, Apt. #, etc.  
 18-268

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0676306

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEIST, H A  
 1661 ESTERO BLVD SUITE 20  
 FT MYERS BEACH FL 33932

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

*Chris Candaffio*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  Delete  
 NAME D  
 STREET ADDRESS CANDAFFIO, CHRIS  
 CITY-ST-ZIP 16350 FAIRWAY WOODS DR  
 FT MYERS FL 33908

TITLE  Change  Addition  
 NAME CHRIS CANDAFFIO  
 STREET ADDRESS 16126 FOREST OAKS DR  
 CITY-ST-ZIP FT MYERS FL 33908

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Chris Candaffio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99

CR2E034 (9/99)