

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 213046

1. Entity Name

FLORIDA JAI-ALAI, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 025 ***150.00

Principal Place of Business

Mailing Address

6405 S HWY 17 92
P O BOX 24
FERN PARK FL 32730
US

P O BOX 300107
P O BOX 24
FERN PARK FL 32730-0107
US

06078033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0948721

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOPER, HORT
6405 S HWY 17 92
FERN PARK FL 32730

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, 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 NAME PTD SOPER, HORT ☐ Delete
STREET ADDRESS 6405 S HWY 17 92
CITY-ST-ZIP FERN PARK FL 32730

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D MODAHL, WILLIAM ☐ Delete
STREET ADDRESS 49 POTTER POND RD
CITY-ST-ZIP LEXINGTON MA

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 841 B EAST PALACE AVE.
CITY-ST-ZIP SANTA FE, N.M. 87501-2256

TITLE NAME V CALDER, ELIZABETH ☐ Delete
STREET ADDRESS 6405 S HWY 17 92
CITY-ST-ZIP FERN PARK FL 32730

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME S PIERCE, ROBERTA A ☐ Delete
STREET ADDRESS 123 CARRIAGE HILL DRIVE
CITY-ST-ZIP CASSLEBERRY FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00

407-339-6221

11/24/19/039