

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90061 031 ****61.25

DOCUMENT # 714746

1. Entity Name

NORTH FLORIDA BINGO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5824 LONE PINE ROAD
JACKSONVILLE FL 32216**

**5824 LONE PINE ROAD
JACKSONVILLE FLA 32216-5901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7256691

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

**MC LANAHAN, T.E.
5824 LONE PINE ROAD
JACKSONVILLE FL 32216**

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

T.E. Mc Lanahan

2/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	THRIFT, DAVID	6523 COMMERCE	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
VD	THRIFT, DAVID	6523 COMMERCE ST	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
DST	MC LANAHAN, ED	5824 LONE PINE ROAD	JACKSONVILLE FL 32216	<input type="checkbox"/>
VD	BARLINTI, BOB	6743 WATONA	JACKSONVILLE FL 32210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BOB BARLINTI	6743 WATONA	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	GARY Rothstein	4072 SUNBEAM RD	JACKSONVILLE, FL 32057	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 like empowered.

SIGNATURE: *T.E. Mc Lanahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (904)731-8011

Date

Daytime Phone #

CR2E037 (9/99)