

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714746

1. Entity Name

NORTH FLORIDA BINGO ASSOCIATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90026 002 ****61.25

Principal Place of Business

5824 LONE PINE ROAD
JACKSONVILLE FL 32216

Mailing Address

5824 LONE PINE ROAD
JACKSONVILLE FL 32216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 23-7256691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE PD ☒ Delete
NAME BARLINTI, BOB
STREET ADDRESS 6743 WATONA
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD ☐ Delete
NAME ROTHSTEIN, GARY
STREET ADDRESS 4072 SUNBEAM RD
CITY-ST-ZIP JACKSONVILLE FL 32057

TITLE DST ☐ Delete
NAME MC LANAHAN, ED
STREET ADDRESS 5824 LONE PINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD ☐ Delete
NAME BARLINTI, BOB
STREET ADDRESS 6743 WATONA
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

1/16/02 (904) 731-8011

Date

Daytime Phone #

CR2E037 (9/01)