

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743977

1. Entity Name

NO CASINOS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90119 021 \*\*\*\*61.25

Principal Place of Business

1516 HILLCREST STREET  
SUITE 310  
ORLANDO FL 32803  
US

Mailing Address

P O BOX 1563  
ORLANDO FL 32802-1563  
US

2. Principal Place of Business

605 E. Robinson Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 310

City & State

Orlando, FL 32801

City & State

Zip  
32801

Country  
USA

4. FEI Number

59-2655199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOWINSKI, JOHN G  
1516 HILLCREST STREET  
SUITE 310  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

Suite 310

City  
Orlando

FL

Zip Code  
32801

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

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  
NAME HOOD, GLENDA E  
STREET ADDRESS 400 S ORANGE AVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE CD  
NAME HINES, ANDREW H JR  
STREET ADDRESS 150 2ND AVE  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE VD  
NAME GRANT, JOHN SR  
STREET ADDRESS 610 WEST WATERS AVE. SUITE A  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407. 035-0020

CR2E037 (9/99)