

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90642 002 \*\*\*158.75

**DOCUMENT # 836764**

1. Entity Name  
**FLORIDA GAMING CORPORATION**



Principal Place of Business  
**3500 N.W. 37TH AVENUE  
MIAMI FL 33142  
US**

Mailing Address  
**3500 N.W. 37TH AVENUE  
MIAMI FL 33142  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1670533**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICO, JOHN  
3500 N.W. 37TH AVENUE  
MIAMI FL 33142**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, ROLAND M.	
STREET ADDRESS	555 NE 15TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLOWAY, GEORGE W. DR. J	
STREET ADDRESS	140 RIVER COURT PKWY NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	COLLETT, BENNETT W JR	
STREET ADDRESS	7329 MARSH TERRACE	
CITY-ST-ZIP	ST LUCIE FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENSLEY, TIMOTHY L	
STREET ADDRESS	1302 HAYNES DR.	
CITY-ST-ZIP	MURFREESBORO TN 37129	
TITLE	P	<input type="checkbox"/> Delete
NAME	HURD, ROBERT	
STREET ADDRESS	#7 PARTRIDGE RUN	
CITY-ST-ZIP	WARREN NJ 70509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1242 Old Blue Creek Road	
CITY-ST-ZIP	Cleveland, GA 30528	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1750 S. Kings Highway	
CITY-ST-ZIP	Ft. Pierce, FL 34945	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Haddon	
STREET ADDRESS	196 Atlanta Country Club Drive	
CITY-ST-ZIP	Maricetta, GA 30067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(305) 633-6400

Daytime Phone #

CR2E034 (10/02)