## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 16, 2001 8:00 am DOCUMENT # F0000000056 **Secretary of State** EMERALD STAR CASINO AND RESORTS, INC. 03-16-2001 90058 046 \*\*\*158.75 Principal Place of Business Mailing Address 9034 BAYWOOD PARK DRIVE 9034 BAYWOOD PARK DRIVE SEMINOLE FL 33777 SEMINOLE FL 33777 932755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 91-2000820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_\_ CATO, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 9034 BAYWOOD PARK DR. SEMINOLE FL 33777 Zip Code 8. The above named entity submits this statement for the purp ese of manging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature requ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change CATO, WILLIAM M NAME NAME 9034 BAYWOOD PARK DRIVE STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CATO, CHARLES NAME 9034 BAYWOOD PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33777 CITY-ST-ZIP Vice President of Marketing TITLE Delete TITLE MCCALLUM; CONNIE NÁME NAME 9034 BAYWOOD PARK DRIVE STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777 CITY-ST-ZIP CITY-ST-ZIP seminore Delete TITLE secretary | Treasurer Addition TITLE BETER, LILLY NAME NAME 2424 N. FEDERAL HWY., STE. 150 2034 Baywood Park Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ADLER, ROBERT 101 S.E. 6TH AVE. STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition GOWING, DELMER C III ESQ NAME NAME 101 S.E. 6TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 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 eath; that I am an officer or director of the corporation or the receiver the true 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