

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005988

1. Entity Name
STARDANCER CASINO, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90140 027 ***150.00

Principal Place of Business
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

Mailing Address
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

00000124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1180 HIGHWAY 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LITTLE RIVER SC

4. FEI Number 56-2119285

Applied For

Not Applicable

Zip

Country

Zip

Country

29566

USA

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

RAUER, LANNY M ESQ.
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
GRAY, SAMUEL A
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GRAY, MARILYN
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn A. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01
Date

843.280.6711
Daytime Phone #

CR2E034 (10/00)