

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90304 013 ***150.00

DOCUMENT # F95000002107

1. Entity Name

CASINO WORLD, INC. *DIAMONDHEAD*

Principal Place of Business

5403 INDIAN HILL BLVD.
 DIAMONDHEAD MS 39525

Mailing Address

150-153RD AVE
 STE 200
 MADEIRA BCH FL 33708-1856
 US

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

64-0828550

Applied For

Not Applicable

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

VITALE, DEBORAH A
 150-153RD AVE
 STE 200
 MADEIRA BEACH FL 33708

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, 2000 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 ☐ Delete
 NAME P
 STREET ADDRESS VITALE, DEBORAH
 CITY-ST-ZIP 1013 PRINCESS STREET
 ALEXANDRIA VA 22314

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DUBER, JOHN
 CITY-ST-ZIP 20018 WESTOVER AVE
 ROCKY RIVER OH 44116

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DEMATTIA, PAUL J
 CITY-ST-ZIP 4002 PINE FOREST DR
 PARMA OH 44134

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HARRISON, GREGORY
 CITY-ST-ZIP 16209 KIMBERLY GROVE
 GAITHERSBURG MD 20878

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS JAMES ILLIUS
 CITY-ST-ZIP 3791 FRANCIS DR
 ROCKY RIVER, OH 44116

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DEBORAH VITALE

Date

Daytime Phone #

4-25-2000 727-3932