

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005833

1. Entity Name

ISLE OF CAPRI CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90058 004 ***158.75

Principal Place of Business

Mailing Address

711 WASHINGTON LOOP
 BILOXI MS 39530

711 WASHINGTON LOOP
 BILOXI MS 39530

725091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1641 Popp's Ferry Rd.

3. Mailing Address

1641 Popp's Ferry Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. B-1

Ste. B-1

City & State

City & State

Biloxi, Ms

Biloxi, Ms

Zip

Country

Zip

Country

39532

Harrison

39532

Harrison

4. FEI Number

64-0894686

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

SOLOMON, ALLAN B
 2200 CORPORATE BLVD., NW STE 310
 BOCA RATON FL 33431

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 PD
 NAME GALLAWAY, JOHN M
 STREET ADDRESS 711 WASHINGTON LOOP
 CITY-ST-ZIP BILOXI MS ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1641 Popp's Ferry Rd, Ste B-1
 CITY-ST-ZIP Biloxi, Ms 39532

TITLE VSD
 NAME SOLOMON, ALLAN B
 STREET ADDRESS 2200 CORPORATE BLVD NW STE 310
 CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE V
 NAME YEISLEY, REXFORD A
 STREET ADDRESS 711 WASHINGTON LOOP
 CITY-ST-ZIP BILOXI MS ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1641 Popp's Ferry Rd., Ste B-1
 CITY-ST-ZIP Biloxi, Ms 39532

TITLE V
 NAME HINKLEY, TIM
 STREET ADDRESS 711 WASHINGTON LOOP
 CITY-ST-ZIP BILOXI MS ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1641 Popp's Ferry Rd., Ste B-1
 CITY-ST-ZIP Biloxi, Ms 39532

TITLE D
 NAME GOLDSTEIN, BERNARD
 STREET ADDRESS 2117 STATE STREET, STE 300
 CITY-ST-ZIP BETTENDORF IA ☐ Delete

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

TITLE ☐ Delete
 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

Date

Daytime Phone #