

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00161

1. Entity Name

SOUTHERN BINGO SUPPLIES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90031 041 ***150.00

Principal Place of Business

Mailing Address

5824 LONE PINE RD
 5824 LONE PINE ROAD
 JACKSONVILLE FL 32216
 US

5824 LONE PINE RD
 5824 LONE PINE ROAD
 JACKSONVILLE FL 32216-5901
 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 **59-2697647**

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

MCLANAHAN, T.E.
5824 LONE PINE ROAD
JACKSONVILLE FL 32216

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

T.E. McLanahan - Vice President
 T.E. MCLANAHAN

3/16/00

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	P	<input type="checkbox"/> Delete
NAME	MCLANAHAN, T.E.	
STREET ADDRESS	5824 LONE PINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCLANAHAN, W.E.	
STREET ADDRESS	3511 E. HIDDEN LAKE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SCHALK, MIKE	
STREET ADDRESS	3211 NEBRASKA AVENUE	
CITY-ST-ZIP	COUNCIL BLUFF IA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH M. VALANDRA	
STREET ADDRESS	8200 NORMANDALE BLVD	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE TAYLOR	
STREET ADDRESS	8200 NORMANDALE BLVD	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARNEST MARCHANT	
STREET ADDRESS	8200 NORMANDALE BLVD	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.E. MCLANAHAN	
STREET ADDRESS	3391 CTZ 209	
CITY-ST-ZIP	GREEN COVE SPRS, FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE SCHALK	
STREET ADDRESS	8200 NORMANDALE BLVD	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

T.E. McLanahan
 T.E. MCLANAHAN

3/16/00

Date

904 731-8011

Daytime Phone #