


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90002 047 \*\*\*150.00

<b>DOCUMENT #</b> J00161	
<b>1. Entity Name</b> SOUTHERN BINGO SUPPLIES, INC.	

<b>Principal Place of Business</b> 5824 LONE PINE RD 5824 LONE PINE ROAD JACKSONVILLE FL 32216 US	<b>Mailing Address</b> 5824 LONE PINE RD 5824 LONE PINE ROAD JACKSONVILLE FL 32216 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2697647	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
MCLANAHAN, T.E. 5824 LONE PINE ROAD JACKSONVILLE FL 32216

<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE	V <input type="checkbox"/> Delete
NAME	MCLANAHAN, T.E.
STREET ADDRESS	5824 LONE PINE ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D/P <input type="checkbox"/> Delete
NAME	LISTER, ROY L
STREET ADDRESS	8200 NORMANDALE BLVD., SUITE 400
CITY-ST-ZIP	BLOOMINGTON MN 55437
TITLE	VST <input type="checkbox"/> Delete
NAME	RYE, DOUGLAS W.
STREET ADDRESS	8200 NORMANDALE BLVD. SUITE 400
CITY-ST-ZIP	BLOOMINGTON MN 55437
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> T.E. MCLANAHAN	<b>DATE:</b> 1/7/03	<b>DAYTIME PHONE #:</b> 904 731-8011
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		

CR2E034 (10/02)