

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57807

1. Entity Name

CASINO PLAYERS, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90135 037 \*\*\*150.00

Principal Place of Business Mailing Address  
6289 W. SUNRISE BLVD. 12091 N.W. 2 Dr. 6289 W. SUNRISE BLVD. 12091 N.W. 2 Dr.  
117 117  
FT. LAUDERDALE FL 33313 Coral Springs, FL FT. LAUDERDALE FL 33071-8012 Coral Springs, FL  
US 33071 US 33071



DO NOT WRITE IN THIS SPACE

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 65-0091802 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SAMPSON, BRUCE  
6289 WEST SUNRISE BLVD. 12091 N.W. 2 Dr.  
SUITE 117 Coral Springs, FL  
FT. LAUDERDALE FL 33313 33071

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
SAMPSON, BRUCE  
6289 W. SUNRISE BLVD.  
FT. LAUDERDALE FL  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
12091 N.W. 2 Dr.  
Coral Springs, FL 33071  
TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Steven J. Sampson  
12091 NW 2nd Drive  
Coral Springs, Fl. 33071  
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: Pres. ☒ 4/24/00 ☒ 954-797-2901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bruce F. Sampson President

CR2E034 (9/99)