

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90031 023 \*\*\*150.00

**DOCUMENT # K57807**

1. Entity Name  
**CASINO PLAYERS, INC.**

Principal Place of Business

~~12091 NW 2ND DR.~~  
**CORAL SPRINGS FL 33071**  
 US

Mailing Address

~~12091 NW 2ND DR.~~  
**CORAL SPRINGS FL 33071**  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0091802**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAMPSON, BRUCE**  
~~12091 NW 2ND DR.~~  
**CORAL SPRINGS FL 33071**

Name **BRUCE F. SAMPSON**

Street Address (P.O. Box Number is Not Acceptable)

**911 NW 127 AVE**

City

**CORAL SPRINGS**

FL

Zip Code

**33071**

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 \_\_\_\_\_

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	<b>SAMPSON, BRUCE</b>	
STREET ADDRESS	<del>12091 NW 2 DR.</del>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SAMPSON, STEVEN J</b>	
STREET ADDRESS	<del>12091 NW 2 DR.</del>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE SAMPSON</b>	
STREET ADDRESS	<b>911 NW 127 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVEN J SAMPSON</b>	
STREET ADDRESS	<b>911 NW 127 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wesley M Shultz</b>	
STREET ADDRESS	<b>911 NW 127 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</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		

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: **BRUCE F. SAMPSON** PRESIDENT

3/15/01

954-345-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)