

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62223

1. Entity Name

SOUTHERN BINGO SUPPLIES OF PENSACOLA, INC.

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

03-20-2000 90033 040 ***150.00

Principal Place of Business

Mailing Address

4020 CHARLES CIR.
 PACE FL 32571

5824 LONE PINE RD.
 JACKSONVILLE FL 32216-5901

2. Principal Place of Business

5820 COMMERCE Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

4. FEI Number

59-2943404

Applied For

Not Applicable

Zip

32583

Country

SANTA ROSA

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

MCLANAHAN, T.E.
 9215 JAYBIRD CIR.
 JACKSONVILLE FL 32257

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

3/16/00

Signature typed or printed name of registered agent and file 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 P ☐ Delete
 NAME MCLANAHAN, T.E.
 STREET ADDRESS 9215 JAYBIRD CIR.
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE P/D ☐ Change ☒ Addition
 NAME JOSEPH M. VALANDRA
 STREET ADDRESS 8200 NORMANDALE BLVD #400
 CITY-ST-ZIP BLOOMINGTON MN 55437

TITLE S ☒ Delete
 NAME MCLANAHAN, W.E.
 STREET ADDRESS 3511 E. HIDDEN LAKE DR.
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE V/T ☐ Change ☒ Addition
 NAME LAWRENCE TAYLOR
 STREET ADDRESS 8200 NORMANDALE BLVD
 CITY-ST-ZIP BLOOMINGTON MN 55437

TITLE ST ☐ Delete
 NAME SCHALK, MIKE
 STREET ADDRESS 3211 NEBRASKA AVE
 CITY-ST-ZIP COUNCIL BLUFF FL 51501

TITLE V ☐ Change ☒ Addition
 NAME EARNEST MARCHAND
 STREET ADDRESS 8200 NORMANDALE BLVD
 CITY-ST-ZIP BLOOMINGTON MN 55437

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
 NAME T.E. MCLANAHAN
 STREET ADDRESS 3391 CR 209
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
 NAME MIKE SCHALK
 STREET ADDRESS 8200 NORMANDALE BLVD
 CITY-ST-ZIP BLOOMINGTON, MN 55437

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:

T.E. McLanahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.E. MCLANAHAN

3/8/00

Date

904 731-8011

Daytime Phone #