

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02676 (9)

1. Entity Name

EDBET CORPORATION, INC.

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90004 001 ***550.00

Principal Place of Business
904 WINDEMERE WAY
PALM BEACH GARDENS, FL 33418

Mailing Address
~~P.O. BOX 32938~~
~~PALM BEACH GARDENS, FL 33420~~
SAME

B0102550

2. Principal Place of Business
904 WINDEMERE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~P.O. BOX 32938~~

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS, FL

City & State
~~PALM BEACH GARDENS, FL~~

4. FEI Number
65-1403703

Applied For
Not Applicable

Zip
33418

Country
USA

Zip
~~33420~~

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

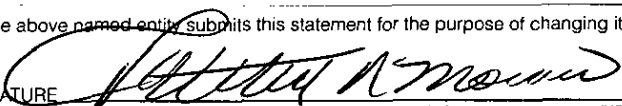
6. Name and Address of Current Registered Agent

GORDON HARRIGAN
904 WINDEMERE WAY
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
ROBERT R. MORRIS, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
685 ROYAL PALM BEACH BOULEVARD
SUITE 205
City
ROYAL PALM BEACH FL Zip Code
33411

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  ROBERT R. MORRIS, ESQUIRE 6-12-00

Signature, typed or printed name of registered agent and title 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D/O	HARRIGAN, EDWARD A. JR.	228 LOCHA DRIVE	JUPITER, FL	<input checked="" type="checkbox"/>
D/O	HARRIGAN, ELIZABETH H.	228 LOCHA DRIVE	JUPITER, FL	<input checked="" type="checkbox"/>
E V P	HARRIGAN, GORDON M.	904 WINDEMERE WAY	PALM BEACH GARDENS, FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D/P/S/T	HARRIGAN, GORDON M.	904 WINDEMERE WAY	PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GORDON M.
HARRIGAN, PRES 6-12-00 561-626-0501

CR2E034 (9/99)