

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002585

1. Entity Name
JACKPOT BINGO OF NORTHWEST FLORIDA, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business
 866 SANTA ROSA BLVD.
 FT. WALTON BEACH FL 32548

Mailing Address
 866 SANTA ROSA BLVD.
 FT. WALTON BEACH FL 32548-6093



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
4 LAGUNA STREET
 Suite, Apt. #, etc.
SUITE 201
 City & State
FWB FLA

3. Mailing Address
4 LAGUNA STREET
 Suite, Apt. #, etc.
SUITE 201
 City & State
FWB FLA

4. FEI Number **59-3537791** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip **32540** Country **USA** Zip **32540** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEIZER, W. TODD
866 SANTA ROSA BLVD.
FT. WALTON BEACH FL 32548

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWEIZER, W. TODD 866 SANTA ROSA BLVD. FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWEIZER, W. TODD 4 LAGUNA STREET SUITE 201 FWB FLA 32540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900003103789--9 -01/20/00--01019--009 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE OF MGR** **1-14-2000** **850 301 0179**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)