

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

Zip

32540

Country

USA

3. Mailing Address

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

FWB FLA

Zip

32540

Country

USA

4. FEI Number

59-3537791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **SCHWEIZER, W. TODD**
CITY - ST - ZIP **866 SANTA ROSA BLVD.
FT. WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **SCHWEIZER, W. TODD**
CITY - ST - ZIP **4 LAGUNA STREET SUITE 201
FWB FLA 32540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **9000003103789--9**
CITY - ST - ZIP **-01/20/00--01019--009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *******50.00 *****50.00**
CITY - ST - ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-2000

850 301 0179

Date

Daytime Phone #

CR2E083 (9/99)