

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001371

1. Entity Name

MAVERICK GAMING, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

1200 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903773

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALCOLM, JAMES C  
1500 S. OCEAN BLVD., SUITE 405  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name MALCOLM, JAMES C.

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

(NEW ADDRESS)

1200 N. FEDERAL HWY. SUITE 200

City BOCA RATON

FL

Zip Code 33432

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

JAMES C. MALCOLM - PRESIDENT + CEO (MGR)

9/18/00

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/MANAGERS

TITLE NAME MGR  
MALCOLM, JAMES C  
STREET ADDRESS 1500 S. OCEAN BLVD., APT. 405  
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR.  
MALCOLM, JAMES C.  
STREET ADDRESS 1200 N. FEDERAL HWY. SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

JAMES C. MALCOLM

SEPT. 18, 2000 561-362-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)