

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000008589

**1. Entity Name**  
TROPICANA RESORTS GROUP LLC

**Principal Place of Business** 11501 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

**Mailing Address** SAME

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 65-0969170

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

RAKESH PATEL  
11501 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

**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]* RAKESH PATEL, MANAGER 5/1/00

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/MEMBERS**

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | MANAGING MEMBER         | <input type="checkbox"/> Delete |
| NAME           | RAKESH PATEL            |                                 |
| STREET ADDRESS | 11501 S. CLEVELAND AVE. |                                 |
| CITY-ST-ZIP    | FT. MYERS, FL 33907     |                                 |

**10. ADDITIONS/CHANGES**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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]* 5/1/00 901 936 3993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)