

FILED
Mar 19, 2003 8:00 am
Secretary of State

02-10-2003 90129 046 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/
2/

DOCUMENT # N14551			
1. Entity Name TWIN LAKES BINGO CORPORATION			
Principal Place of Business 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US		Mailing Address 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US	
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 NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MENGA, JOAN 3055 BURRIS ROAD FT. LAUDERDALE FL 33314		7. Name and Address of New Registered Agent Name LYNDA JONES Street Address (P.O. Box Number is Not Acceptable) 3055 BURRIS RD City Lauderdale FL Zip Code 33314	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE LYNDA JONES (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE 2/20/03			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LYNDA ☒ Delete 3055 BURRIS ROAD FT LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSBERG, RICHARD ☐ Delete 681 NE 195TH STREET #308 NORTH MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARRIN, SHERRIE ☐ Delete 20101 NE 20TH CT N.M.B. FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard Cohen ☐ Delete 465 Ocean Drive #715 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.			
SIGNATURE: Lynda Jones (Signature typed or printed name of signing officer or director)		Date 2/5/03 Daytime Phone # 954 597-0101	

CPRE037 (10/02)