

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47267

1. Entity Name

SUNCOAST BINGO COUNCIL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90167 048 ****61.25

Principal Place of Business

Mailing Address

11719 ENTERPRISE DRIVE
PORT RICHEY FL 34668

11719 ENTERPRISE DRIVE
PORT RICHEY FL 34668-1025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3186975

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGLIONE, NICHOLAS
9815 BISHOP LANE
PORT RICHEY FL 34668

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 NICHOLAS PAGLIONE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAGLIONE, NICHOLAS	
STREET ADDRESS	9815 BISHOP LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KING, JOSEPHINE	
STREET ADDRESS	11719 ENTERPRISE DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALASKY, JACQUE	
STREET ADDRESS	3027 ASTRAL LANE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAYER, PAUL	
STREET ADDRESS	8015 CEDAR RUN DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAYER, PAUL	
STREET ADDRESS	8015 CEDAR RUN DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLAMP, PAUL H	
STREET ADDRESS	4852 SNUG HARBOR RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGLIONE, NICHOLAS	
STREET ADDRESS	9815 BISHOP LANE	
CITY-ST-ZIP	PORT RICHEY, FLA., 34668	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOSEPHINE	
STREET ADDRESS	11719 ENTERPRISE DR.	
CITY-ST-ZIP	PORT RICHEY, FLA., 34668	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALASKY, JACQUE	
STREET ADDRESS	4404 SUMMERSON DR.	
CITY-ST-ZIP	NEW PORT, RICHEY, FLA., 34652	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONICA, BRIDGET	
STREET ADDRESS	9103 COTSWOLD WAY	
CITY-ST-ZIP	NEW PORT RICHEY, FLA., #\$_%%	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

NICHOLAS PAGLIONE (NICHOLAS PAGLIONE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)