

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90016 003 \*\*\*\*61.25

**DOCUMENT # N47267**

1. Entity Name

**SUNCOAST BINGO COUNCIL, INC.**

Principal Place of Business

**11719 ENTERPRISE DRIVE  
 PORT RICHEY FL 34668**

Mailing Address

**11719 ENTERPRISE DRIVE  
 PORT RICHEY FL 34668**

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

**59-3186975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent:

**PAGLIONE, NICHOLAS  
 9815 BISHOP LANE  
 PORT RICHEY FL 34668**

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 NICHOLAS PAGLIONE

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

(NOTE: Registered Agent signature required when registering)

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

TITLE PD  
 NAME PAGLIONE, NICHOLAS  
 STREET ADDRESS 9815 BISHOP LANE  
 CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE VPD  
 NAME KING, JOSEPHINE  
 STREET ADDRESS 11719 ENTERPRISE DRIVE  
 CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE SD  
 NAME PALASKY, JACQUE  
 STREET ADDRESS 4404 SUMMERSON DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE TD  
 NAME BRIDGET, BONICA  
 STREET ADDRESS 9103 COTSWALD WAY  
 CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE T  
 NAME BAYER, PAUL  
 STREET ADDRESS 8015 CEDAR RUN DR  
 CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE P  
 NAME CLAMP, PAUL H  
 STREET ADDRESS 4852 SNUG HARBOR RD  
 CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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*

CR2E037 (10/00)