

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002740

1. Entity Name

SUNDANCE BINGO CLUB, INC.

Principal Place of Business

6315 SANTA-FE DRIVE
ZEPHYRHILLS FL 33540

Mailing Address

6315 SANTA-FE DRIVE
ZEPHYRHILLS FL 33540

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

RHINEHART, GEORGE
39627 SIERRA DR
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name Dorothy Rhinehart

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

39627 Sierra Dr.

City Zephyrhills

FL

Zip Code 33540

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RHINEHART, GEORGE	
STREET ADDRESS	39627 SIERRA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	RHINEHART, DOROTHY	
STREET ADDRESS	39627 SIERRA DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RICHER, JUNE	
STREET ADDRESS	61311 SANTA FE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STROLIS, LINDA	
STREET ADDRESS	6303 PUEBLO DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Rhinehart	
STREET ADDRESS	39627 Sierra Dr.	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE RICHER	
STREET ADDRESS	61311 Santa Fe Dr.	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Reynolds	
STREET ADDRESS	39643 Sun Valley Dr	
CITY-ST-ZIP	Zephyrhills FL 33540	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90331 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)