

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90113 049 ****61.25

DOCUMENT # N94000002740

1. Entity Name
SUNDANCE BINGO CLUB, INC.



Principal Place of Business

**6315 SANTA-FE DRIVE
ZEPHYRHILLS FL 33540**

Mailing Address

**39627 SIERRA DR
ZEPHYRHILLS FL 33540**

22001102



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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, DOROTHY
39627 SIERRA DR
ZEPHYRHILLS FL 33540**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/03

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

TITLE ☐ Delete
NAME **P RHINEHART, DOROTHY**
STREET ADDRESS **39627 SIERRA DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete
NAME **DVP RICHER, JUNE**
STREET ADDRESS **61311 SANTA FE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete
NAME **DS REYNOLDS, LOIS**
STREET ADDRESS **39643 SUN VALLEY DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete
NAME **DT STROLIS, LINDA**
STREET ADDRESS **6303 PUEBLO DR**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 *813-788-6483*
Date Daytime Phone #

CR2E037 (10/02)