

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002482

1. Entity Name

THE ASSOCIATION OF FLORIDA BINGOS, INC.

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

03-21-2000 90059 010 ****61.25

Principal Place of Business

Mailing Address

C/O MICHAEL G. PARK, ESQ.
200 SOUTH BISCAYNE BLVD., SUITE 3300
MIAMI FL 33131-2385

C/O MICHAEL G. PARK, ESQ.
200 SOUTH BISCAYNE BLVD., SUITE 3300
MIAMI FL 33131-2305

2. Principal Place of Business

127 BAREFOOT COVE

Suite, Apt. #, etc.

3. Mailing Address

127 BAREFOOT COVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HYPOLEXO, FL

City & State

HYPOLEXO, FL

4. FEI Number

65-0967121

Applied For

Not Applicable

Zip

33462

Country

PALM BEACH

Zip

33462

Country

PALM BEACH

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

PARK, MICHAEL G ESQ.
C/O STROOCK & STROOCK & LAVAN LLP
200 SOUTH BISCAYNE BLVD., SUITE 3300
MIAMI FL 33131-2385

Name

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

127 BAREFOOT COVE

City

HYPOLEXO

FL

Zip Code

33462

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	D	<input checked="" type="checkbox"/> Delete
NAME	PARK, MICHAEL G	
STREET ADDRESS	C/O MICHAEL G. PARK, ESQ.	
CITY-ST-ZIP	MIAMI FL 33131-2385	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, JON D	
STREET ADDRESS	C/O MICHAEL G. PARK, ESQ.	
CITY-ST-ZIP	MIAMI FL 33131-2385	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIEGAL, ANDY	
STREET ADDRESS	C/O MICHAEL G. PARK, ESQ.	
CITY-ST-ZIP	MIAMI FL 33131-2385	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNI, MIKE	
STREET ADDRESS	501 N. NAVY BLVD	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKEY, EDDIE	
STREET ADDRESS	5400 E. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, RICHARD	
STREET ADDRESS	4111 BEE AVE 127 W. WINDHORST AVE	
CITY-ST-ZIP	ST. PETERS, FL BRANDON, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFKOWITZ, LARRY	
STREET ADDRESS	7640 66th STREET	
CITY-ST-ZIP	PINELLAS PARK, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNS, HOMER	
STREET ADDRESS	12011 S. CLEVELAND AVE	
CITY-ST-ZIP	FT MYERS, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONTAINE, GAIL	
STREET ADDRESS	2466 N. POWERLINE RD	
CITY-ST-ZIP	POMERANO, FL	

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 REQUIRED

JON GOLDSTEIN, PRESIDENT 2/ /00

561-582-4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)