

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90142 026 ****61.25

DOCUMENT # N99000002482

1. Entity Name

THE ASSOCIATION OF FLORIDA BINGOS, INC.

Principal Place of Business

Mailing Address

~~127 BAREFOOT COVE~~
~~HYDOLUXO FL 33462~~

~~127 BAREFOOT COVE~~
~~HYDOLUXO FL 33462~~

2. Principal Place of Business

3. Mailing Address

610 N. Dixie Hwy
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

LANTANA, FL

LANTANA, FL

Zip
33462

Country

Zip

Country

4. FEI Number

65-0967121

Applied For

Not Applicable

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.
~~127 BAREFOOT COVE~~
~~HYDOLUXO FL 33462~~

Name

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

610 N Dixie Hwy

City

LANTANA

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] **Michael G. Park, Esq.**

[Signature]

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 NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, BILL 2379 ST ANDREWS BLVD PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, EDDIE 5400 E. HWY 98 PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, RICHARD 127 W. WINDHURST AVE BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADKOWITZ, LARRY 7640 -66TH ST. PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, HOMER 12011 S. CLEVELAND AVE FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTAINE, GAIL 2466 N. POWERLINE RD POMPANO BCH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBA, JOHN 105 JARDEN MAHS BLVD PLANT CITY, FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, JONATHAN 15501 MAGREGOR BLVD FT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAFKOWITZ, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FONTAINE, GALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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] **Michael G. Park, General Counsel**

4/10/02

SG1-580-4434 x206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)