

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90310 008 \*\*\*\*\*61.25

**DOCUMENT # N99000002482**

1. Entity Name

**THE ASSOCIATION OF FLORIDA BINGOS, INC.**



Principal Place of Business

**610 N DIXIE HWY  
LANTANA FL 33462**

Mailing Address

**610 N DIXIE HWY  
LANTANA FL 33462**

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 **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.  
610 N DIXIE HWY  
LANTANA FL 33462**

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, 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DALTON, BILL	2379 ST ANDREWS BLVD	PANAMA CITY FL 32405	<input type="checkbox"/>
D	ZILBA, JOHN	105 J ARDEN MAYS BLVD	PLANT CITY FL 33566	<input type="checkbox"/>
D	KAPLAN, JONATHAN	15501 MAGREGOR BLVD	FORT MYERS FL 33908	<input type="checkbox"/>
D	LAFKOWITZ, LARRY	7640 -66TH ST.	PINELLAS PARK FL	<input type="checkbox"/>
D	FONTAINE, GALE	2466 N. POWERLINE RD	POMPANO BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OF MICHAEL G. PARK**  
**SECRETARY OF STATE**

**3-21-03 561-582-4434**

CR2E037 (10/02)