

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000007822****1. Entity Name**
AMERICAN GAMING CORPORATION**Principal Place of Business****2481 CARDENA AVE.
DELTONA FL 32738****Mailing Address****2481 CARDENA AVE.
DELTONA FL 32738****2. Principal Place of Business****DELTONA****3. Mailing Address****21**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number☒ **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****MICELLI, MICHAEL L
2481 CARDENA AVE.
DELTONA FL 32738**

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PVST	<input type="checkbox"/> Delete
NAME	MICELLI, MICHAEL L	
STREET ADDRESS	2481 CARDENA AVE.	
CITY-ST-ZIP	DELTONA FL 32738	

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91100 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)