

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

010767 AT

DOCUMENT # P00000031101

1. Entity Name  
 IGC AMUSEMENTS, INC.

Principal Place of Business  
 137 W. MARION AVE., #6  
 EDGEWATER FL 32132

Mailing Address  
 137 W. MARION AVE., #6  
 EDGEWATER FL 32132

2. Principal Place of Business  
 1722 Royal Palm Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 1722 Royal Palm Dr  
 Suite, Apt. #, etc.

City & State  
 Edgewater FL  
 Zip  
 32132

City & State  
 Edgewater FL  
 Zip  
 32132

4. FEI Number  
 59-3653310

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

DUDLEY, JOSEPH P ESQ.  
 403 DOWNING ST.  
 NEW SMYRNA BCH FL 32168

## 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.

SIGNATURE Robert P. Curran Jr President 8-25-01  
 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 \$550.00**  
~~After September 12, 2001 Fee will be \$750.00~~  
**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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVD  
 CURRAN, ROBERT P JR.  
 1722 ROYAL PALM DR.  
 EDGEWATER FL 32132 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 STD  
 STANTON, PATRICK D  
 637 YUPON AVE.  
 NEW SMYRNA BCH FL 32169 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ Change ☐ Addition

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: Robert P. Curran Jr President 8-25-01 366294460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)