

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38917

1. Entity Name

AUTOMATED WAGERING INTERNATIONAL, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90013 037 ***150.00

Principal Place of Business

Mailing Address

2311 S 7TH AVE
BOZEMAN MT 59715
US

815 PILOT ROAD
STE G
LAS VEGAS NV 89119
US

A0043814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3666192**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **D** ☒ Delete
NAME **RUMBOLZ, MICHAEL D**
STREET ADDRESS **815 PILOT RD STE G**
CITY-ST-ZIP **LAS VEGAS NV 89119**

TITLE The positions of CEO, President ☐ Change ☐ Addition
NAME Chairman of the Board, and Director
STREET ADDRESS are vacating as of 3/19/01.
CITY-ST-ZIP

TITLE **DCP** ☒ Delete
NAME **BEACH, JOHN**
STREET ADDRESS **115 PERIMETER CENTER PLACE, SUITE 911**
CITY-ST-ZIP **ATLANTA GA 30346**

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

TITLE **SDEV** ☐ Delete
NAME **MATTHEWS, THOMAS J**
STREET ADDRESS **815 PILOT RD STE G**
CITY-ST-ZIP **LAS VEGAS NV 89119**

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

TITLE **TCFO** ☐ Delete
NAME **SAGE, GEOFFREY A**
STREET ADDRESS **815 PILOT RD STE G**
CITY-ST-ZIP **LAS VEGAS NV 89119**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sage, Geoffrey A**
STREET ADDRESS **815 Pilot Road, Suite g**
CITY-ST-ZIP **Las Vegas, NV 89119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Geoffrey A. Sage, CFO/Treasurer/Director (702) 896-7568

Date

Daytime Phone #

CR2E034 (10/00)