

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008972

1. Entity Name

GAME PALACE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90005 009 ***150.00

Principal Place of Business	Mailing Address
149 MOSLEY ROAD GRAY TN 37615	P.O. BOX 8607 GRAY TN 37615-0607

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	62-1522288	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, DANNY K 9523 WEST HIGH 98-A PANAMA CITY BEACH FL 32407	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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABE, CLARENCE W		NAME		
STREET ADDRESS	147 ELIZABETH AVE		STREET ADDRESS		
CITY-ST-ZIP	GRAY TN		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, GARY L		NAME		
STREET ADDRESS	171 HILLENDALE LANE		STREET ADDRESS		
CITY-ST-ZIP	GRAY TN		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABE, JAMES R		NAME		
STREET ADDRESS	522 BAYWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	PINEY FLTS TN		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DANNY K		NAME		
STREET ADDRESS	7911 N LAGOON DR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LESLIE C		NAME		
STREET ADDRESS	9523 W HIGHWAY 98A		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Danny K White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

Daytime Phone #

CR2E034 (9/99)