

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008972

1. Entity Name

GAME PALACE, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90290 038 ***150.00

010000



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
9523 Front Beach Rd		9523 Front Beach Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Panama City Beach FL		Panama City Beach	

Zip	Country	Zip	Country
32408	USA	32408	USA

4. FEI Number	62-1522288	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WHITE, DANNY K 9523 WEST HIGH 98-A PANAMA CITY BEACH FL 32407	

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 _____ (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, 2001 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	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	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	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 FLATS TN	CITY-ST-ZIP	
TITLE	PD	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	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		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: Danny White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (10/00)