

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90260 001 \*\*\*150.00

04-25-2001 90260 002 \*\*\*\*\*8.75

**DOCUMENT # P95000017614**

1. Entity Name

**GAMING ENTERPRISES, INC.**

Principal Place of Business

**4931 SILKWOOD DRIVE  
SARASOTA FL 34241**

Mailing Address

**4931 SILKWOOD DRIVE  
SARASOTA FL 34241**

2. Principal Place of Business

**5643 Monte Rosso Rd.**

3. Mailing Address

**5643 Monte Rosso Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number

**65-0571031**

Applied For

Not Applicable

Zip

**34243**

Country

**Sarasota**

Zip

**34243**

Country

**Sarasota**

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

**NODHOLM, DONALD M  
4931 SILKWOOD DRIVE  
SARASOTA FL 34241**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5643 Monte Rosso Rd.**

City

**FL**

Zip Code  
**34243**

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 **S** ☐ Delete  
NAME **REESE, HOLLY L**  
STREET ADDRESS **4450 MCINTOSH PARK DR. APT 1201**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **NODHOLM, DONALD M**  
STREET ADDRESS **4931 SILKWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T, D** ☐ Change ☒ Addition  
NAME **Wayne Taylor**  
STREET ADDRESS **507 Co. Rd. 41**  
CITY-ST-ZIP **Velarde, NM 87582**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP, D** ☐ Change ☒ Addition  
NAME **E. Paul Hansen**  
STREET ADDRESS **3102 Jessie Harbor Dr.**  
CITY-ST-ZIP **Osprey, FL 34229**

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

*Donald M. Nodholm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald M. Nodholm**  
**President**

**4/16/01**

Date

**941-358-5488**

Daytime Phone #

CR2E034 (10/00)