

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094094

1. Entity Name

RAHN CASINO MANAGEMENT INC.

FILED

00 APR 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1050 LEE WAGENER BLVD
SUITE 301
FORT LAUDERDALE FL 33315
US

Mailing Address

1050 LEE WAGENER BLVD
SUITE 301
FORT LAUDERDALE FL 33315-3500
US

2. Principal Place of Business

1555 North Park Drive

Suite, Apt. #, etc.

Suite 101

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Address

1555 North Park Drive

Suite, Apt. #, etc.

Suite 101

City & State

Weston, FL

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0648482

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BOULEVARD
SUITE 308
AVENTURA FL 33180

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

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, 2000 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

TITLE **P** ☐ Delete
NAME **ROSS, DAVID**
STREET ADDRESS **6868 LIONS HEAD LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VST** ☐ Delete
NAME **LEVINE, JEFFREY M**
STREET ADDRESS **1050 LEE WAGENER BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1555 North Park Drive, Suite 101**
CITY-ST-ZIP **Weston, FL 33326**

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

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

TITLE ☐ Change ☐ Addition
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:

David Ross

04/19/00 (954) 389-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/99)