

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034189

1. Entity Name

THE VEGAS CORPORATION

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90045 007 \*\*\*150.00

Principal Place of Business

7380 SAND LAKE RD  
105  
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE RD  
105  
ORLANDO FL 32819-5250

2. Principal Place of Business

5728 MAJOR BLVD

3. Mailing Address

5728 MAJOR BLVD

Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

SUITE 220

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3373907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELTON, JOHN MR  
750 SOUTH ORANGE BLOSSOM TRAIL #42  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

ELTON, JOHN MR

Street Address (P.O. Box Number Not Acceptable)

5728 MAJOR BLVD SUITE 220

City

ORLANDO

FL

Zip Code

32819

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

1/APRIL 2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After APRIL 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 D ☐ Delete  
NAME ELTON, JOHN  
STREET ADDRESS 750 SOUTH ORANGE BLOSSOM TRAIL #42  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☒ Delete  
NAME ELTON-HULBERT, WENDY  
STREET ADDRESS 750 S ORANGE BLOSSOM TRAIL, #42  
CITY-ST-ZIP ORLANDO FL

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  
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

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 REQUIRED JOHN ELTON

Date

1/APRIL 2000

Daytime Phone #

1 407 6492630

CR2E034 (9/99)