

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019945

1. Entity Name
GREATER ATLANTIC CASINOS, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90015 028 ***150.00

Principal Place of Business
1001 W. CYPRESS CREEK ROAD
SUITE 320
FORT LAUDERDALE FL 33309

Mailing Address
1001 W. CYPRESS CREEK ROAD
SUITE 320
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 220
City & State

Suite, Apt. #, etc.
SUITE 220
City & State

4. FEI Number **65-0735393**

Applied For
Not Applicable

Zip Country

Zip Country

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

RAHN, ERIC M
1050 LEE WAGENER BLVD., SUITE 303
FORT LAUDERDALE FL 33315

Name **ERIC RAHN**
Street Address (P.O. Box Number is Not Acceptable)
1001 W. CYPRESS CR. RD
SUITE 220
City **FT. LAUDERDALE** **FL** Zip Code **33063**

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]*

7/8/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **PD**
STREET ADDRESS **RAHN, ERIC M**
CITY-ST-ZIP **1050 LEE WAGENER BLVD., SUITE 303**
FORT LAUDERDALE FL 33315

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

TITLE ☐ Delete
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STREET ADDRESS
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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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2000 **954-491-9291**
Date Daytime Phone #