

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045100

1. Entity Name

THE PROFESSIONAL INTERNET GAMING ASSOCIATION, IN

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90009 025 ***550.00

Principal Place of Business

Mailing Address

1001 N 56TH ST
TAMPA FL 33610

10448 ST. TROPEZ
TAMPA FL 33615-4213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUGRIS, MARY
10448 ST TROPEZ
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

4524 N. 56TH STREET

City TAMPA

FL

Zip Code 33610

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUGRIS, MARY	
STREET ADDRESS	10448 ST. TROPEZ	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUGRIS, ERIK	
STREET ADDRESS	10448 ST. TROPEZ	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, ALLEN J	
STREET ADDRESS	4524 N 56TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, ALLEN	
STREET ADDRESS	4524 N. 56TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4524 N. 56TH STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4524 N. 56TH STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4524 N. 56TH STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Lugris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/00
Date

727-561-2156
Daytime Phone #

CR2E034 (9/99)