

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094578

1. Entity Name

ST. ANDREWS BINGO, INC.

Principal Place of Business

2389 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

Mailing Address

2389 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

1330 N. Kingshighway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Girardeau MO

Zip

Country

Zip

Country

63701

Cape Girardeau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 ☐ Delete
NAME PD
STREET ADDRESS STOREY, KENNETH E
CITY-ST-ZIP 120 INDUSTRIAL DRIVE
SIKESTON MO 63801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1330 N. Kingshighway
CITY-ST-ZIP Cape Girardeau, MO 63701

TITLE ☒ Delete
NAME ST
STREET ADDRESS WATKINS, RONNIE
CITY-ST-ZIP 120 INDUSTRIAL DRIVE
SIKESTON MO 63801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SEC
STREET ADDRESS Hollie J. Overstreet
CITY-ST-ZIP 1330 N. Kingshighway
Cape Girardeau MO 63701

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hollie J. Overstreet

Date

4-10-01 (573) 339-1002

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)