

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076657

1. Entity Name

T & B GAMING, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 028 ***150.00

Principal Place of Business

Mailing Address

5553 NW 39TH AVE.
COCONUT CREEK FL 33073

5553 NW 39TH AVE.
COCONUT CREEK FL 33073-3762

2. Principal Place of Business

5445 NW 55th Dr.

Suite, Apt. #, etc.

3. Mailing Address

5445 NW 55th Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEL Number

65-0947817

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

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

ADAMS, TERRY-
5553 NW 39TH AVE.
COCONUT CREEK FL 33073

Name

H. Brock Marshall

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

5445 NW 55th Dr.

City

Coconut Creek

FL

Zip Code

33073

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2000

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, TERRY	
STREET ADDRESS	5553 NW 39TH AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSHALL, BROCK	
STREET ADDRESS	5445 N.W. 55TH DR.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 (954) 480-8887

Date

Daytime Phone #

CR20014 (1/99)