

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000076669

1. Entity Name

BINGO MANAGEMENT GROUP, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90340 008 ***150.00

Principal Place of Business

Mailing Address

3665 EAST BAY DR. STE 204. #215
LARGO FL 33771-1965

3665 EAST BAY DR. STE 204. #215
LARGO FL 33771-1990

2. Principal Place of Business

3. Mailing Address

13553 66 ST N STE 104
Suite, Apt., etc.
104

13553 66 ST N
Suite, Apt., etc.
104

City & State

City & State

LARGO FL

LARGO FL

Zip

Country

33771

PINELLAS

Zip

Country

33771

PINELLAS

4. FEI Number

59-3598943

Applied For

Not Applicable

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

GUANT, JOHN W
3665 EAST BAY DR, STE 204, #215
LARGO FL 33771-1965

Name
JIM GENCUR
Street Address (P.O. Box Number is Not Acceptable)
361 GLOUCESTER ST.
City
SAFETY HARBOR FL Zip Code
34695

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

Jim Gencur, V. Pres. JIM GENCUR

4-29-00

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P JOHN W. GAUNT 1283 EDENVILLE AV. CLEARWATER FL 33764 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| V.P. JIM GENCUR 361 GLOUCESTER ST. SAFETY HARBOR, FL 34695 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| S/T SHIRLEY M. STROUD 1753-DH BELLEAIR FOREST DR. CLEARWATER, FL 33756 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Jim Gencur, V.P. JIM GENCUR

4-29-00

Date

Daytime Phone #

727-796-4287