

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079961

1. Entity Name

PROPERTY LOTTERIES, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90138 033 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

176 N. YRTLE DR., APT. 126
SANTA ROSA BEACH FL 32459

Mailing Address

176 N. YRTLE DR., APT. 126
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3595107

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

DEEKS, ALAN D
176 N. YRTLE DR., APT. 126
SANTA ROSA BEACH FL 32459

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ALAN D. DEEKS	
STREET ADDRESS	176 N. MYRTLE DR APT 126	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	EVILYN DEEKS	
STREET ADDRESS	176 N. MYRTLE DR APT 126	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JEAN A GILLAN	
STREET ADDRESS	176 N. MYRTLE DR APT 126	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN D. DEEKS

4/15/00

850-231-0559

Date

Daytime Phone #

PRES/DIRECTOR/SEC

CR2E034 (9/99)