

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000083096****1. Entity Name**
TOTE GAMES, INC.**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90135 033 ***150.00

Principal Place of Business**Mailing Address****21 REMINGTON RD.**
ORMOND BEACH FL 32174**21 REMINGTON RD.**
ORMOND BEACH FL 32174-2528**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**59-3600201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fees Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOEHM, DELIA DOYLE ESQ.**
435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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, 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	P	<input type="checkbox"/> Delete
NAME	LUCAS, ROSE E	
STREET ADDRESS	21 REMINGTON RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris G. Kalivas	
STREET ADDRESS	29 Norton Street	
CITY-ST-ZIP	Patchogue, NY 11772	

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, STEPHEN J	
STREET ADDRESS	21 REMINGTON RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:****ROSE E. LUCAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-26-2000**

Date

(904) 437-2921

Daytime Phone #