

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000090769

1. Entity Name

FREECASINO.COM INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-24-2000 90020 025 ***150.00

Principal Place of Business

4040 GALT OCEAN DRIVE #601
FORT LAUDERDALE FL 33308

Mailing Address

4040 GALT OCEAN DRIVE #601
FORT LAUDERDALE FL 33308-6502

2. Principal Place of Business

2501 E. COMMERCIAL BLVD COMMERCIAL BLVD

3. Mailing Address

2501 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

52-2197635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: MARTIN EHRLICH
Street Address (P.O. Box Number is Not Acceptable): 4040 GALT OCEAN DR. #601
City: FORT LAUDERDALE FL Zip Code: 33308

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 *Martin Ehrlich*

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

TITLE	D- PRESIDENT	<input type="checkbox"/> Delete
NAME	EHRLICH, MARTIN J	
STREET ADDRESS	4040 GALT OCEAN DRIVE #601	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARLETT KLINE	
STREET ADDRESS	3200 PORT ROYALE DR. N. #704	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Starlett Kline* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STARLETT KLINE

4/17/00

Date

954-351-7155

Daytime Phone #

CR2E034 (9/99)