2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092303 1. Entity Name EMERALD COAST BINGO, INC.						Jan 28, 2002 8:00 am Secretary of State 01-28-2002 90024 046 ***150.00					
7924 FRONT	DE OF Business BEACH ROAD Y BEACH FL 32408	Mailing Address 7924 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number 59-3605545 Applied For Not Applicable					-
Zip	Country	Zip C		Country		Certificate of S	status Desired		8.75 Add ee Require	ditional	
	Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent					
				Name							
	, Derrick ESQ. Third Court		Street Address (P.O. Box Number is Not Acceptable)							1	
PANAMA	CITY FL 32401]
4	J. 1. 1. 2. 32.13.			City	City FL Zip Code					e	1
Tax filling	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 002 Fee	will be \$55	0.00	10. Election	n Campaign Fir und Contributio			0 May Be I to Fees	
11.	OFFICERS AND (DIRECTORS	12.		A	DDITIONS/CH	ANGES TO OFF	ICERS AND (DIRECTORS	3 IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTLES, JAMES 2629 COUNTRY ROAD 2321 SOUTHPORT FL 32409	☐ Delete							Change	☐ Addition	(10/0/ F6030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCLAND, SANDRA J 103 SUMMER BREEZE ROAD PANAMA CITY BEACH FL 32413	☐ Delete		I .]	Change	☐ Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SETTLES, DONNA 2629 COUNTRY ROAD 2321 SOUTHPORT FL 32409	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKLAND, KRISTY 103 SUMMER BREEZE RD PANAMA CITY-BEACH FL 32413	☐ Delete						[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORLEY, JACKIE 101 SUMMER BREEZE RD PANAMA CITY BEACH FL 32413	☐ Delete					• 1	· ·	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ET ADDRESS ST-ZIP					Change	Addition	
າ ວ. Thereby ຄ	certify that the information supplied with t	his tiling does not qualify fo	r the exe	motion stated	t in Section	i 119.07(3)(i) E	orida Statutes II	Lturther certify	v that the in	tormation	1

indicated on this report or supplied with this hing does not quality 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.