

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000098508

1. Entity Name
T & L BINGO, INC.

FILED

00 JUL 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2394 W. TENNESSEE ST.
TALLAHASSEE FL 32303

Mailing Address
3521 LAKEWOOD DR.
TALLAHASSEE FL 32311

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDBETTER, LINDA B
3521 LAKEWOOD DR.
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME Tommy D Ledbetter ☐ Delete
STREET ADDRESS 3521 Lakewood Dr
CITY-ST-ZIP TALL. FL 32311

TITLE VP
NAME Linda B. Ledbetter ☐ Delete
STREET ADDRESS 3521 Lakewood Dr.
CITY-ST-ZIP Tallahassee FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE

CR2E034 (5/00)

To Whom IT MAY CONCERN: 20F2

I Tommy D. Lobdett
President of T&L Bingo Had
A Liver Transplant in Jacksonville FL
MAYO Clinic on 12-26-99 and
was in Jacksonville Till 2/10/00
I did not Receive Packet from State
in Jan for Corp License payment

Tommy D. Lobdett
Pres.