

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90110 003 ***150.00

DOCUMENT # P99000102664

1. Entity Name
TAJ CONCESSIONS, INC.



Principal Place of Business
**PO BOX 1969
WINDERMERE FL 34786**

Mailing Address
~~200 SOUTH ORANGE AVENUE~~
~~2300~~
~~ORLANDO FL 32801~~

2. Principal Place of Business

3. Mailing Address
12101 CRESCENT COVE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINDERMERE, FL

Zip

Country

Zip
34786

Country
ORANGE

4. FEI Number **59-3609976**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~A.G.C. CO.~~
~~200 SOUTH ORANGE AVENUE~~
~~SUNTRUST CENTER SUITE 2300~~
~~ORLANDO FL~~

Name
JACQUELINE BOZZUTO
Street Address (P.O. Box Number is Not Acceptable)
215 NORTH EOLA DRIVE
City **ORLANDO** **FL** Zip Code **32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacqueline Bozzuto*
JACQUELINE BOZZUTO

(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D RIVERS, JOHNNY**
STREET ADDRESS **PO BOX 1969**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

(407) 648-0079
Daytime Phone #

CR2E034 (10/02)

**Lowndes
Drosdick
Doster &
Kantor
Reed, P.A.**

**A T T O R N E Y S
A T L A W**

*Attachment #
70030398
P99000102664*

GAIL S. ANDRÉ
DIRECT DIAL: (407) 418-6203
NORTH EOLA DRIVE OFFICE
POST OFFICE BOX 2809
ORLANDO, FLORIDA 32802-2809
gail.andre@lowndes-law.com

III MERITAS LAW FIRMS WORLDWIDE

April 4, 2003

CERTIFIED MAIL 7099 3400 0008 0390 4239
RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314-6478

Re: 2003 Uniform Business Report

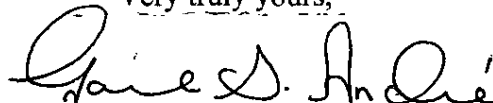
Dear Madam or Sir:

Enclosed is the 2003 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$150.00 payable to the Department of State representing the filing fee:

TAJ CONCESSIONS, INC.

Please file the business report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Legal Assistant to
Jacqueline Bozzuto

GSA
Enclosures

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