

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105311

1. Entity Name

FANTASY BINGO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-19-2000 90038 042 ***150.00

Principal Place of Business
85 A AND B EGLIN PKWY. N.E.
FT. WALTON BEACH FL 32548

Mailing Address
85 A AND B EGLIN PKWY. N.E.
FT. WALTON BEACH FL 32548

2. Principal Place of Business
85A. EGLIN PKWY
Suite, Apt. #, etc.

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

City & State
FT. WALTON BEACH FL

Zip
32548
Country
OKALOOSA

4. FEI Number
59-3611431
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JOE MASTIN
219 SIBERT AVENUE
DESTIN FL 32541

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PRESIDENT	JOE M. TAYLOR 219 SIBERT AVE. DESTIN FL 32541			
	VICE PRESIDENT	BILLY FRANK PASCHAL 30 MORENO POINT RD DESTIN FL 32541			
	TREASURER/SECRETARY	REBECCA TAYLOR 219 SIBERT AVE. DESTIN FL 32541			

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: Joe MASTIN TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/10/00
Daytime Phone #: 850 302-2222