

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90022 006 \*\*\*150.00

**DOCUMENT # S74869**

1. Entity Name  
**ROXIE OF PENSACOLA, INC.**

Principal Place of Business Mailing Address  
~~501 NAVY BLVD. SUITE 2-A PENSACOLA FL 32507~~  
**Town & Country Bingo**  
**3300 N. Pace Blvd. Suite 310**  
**Pensacola, FL 32505**

**Town & Country Bingo**  
**3300 N. Pace Blvd. Suite 310**  
**Pensacola, FL 32505**

**609695**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
**Town & Country Bingo**  
**3300 N. Pace Blvd. Suite 310**  
**Pensacola, FL 32505**

3. Mailing Address Suite, Apt. #, etc.  
**Town & Country Bingo**  
**3300 N. Pace Blvd. Suite 310**  
**Pensacola, FL 32505**

4. FEI Number **59-3082152** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHELL, STEPHEN B**  
**226 PALAFOX PLACE, 7TH FLOOR**  
**SEVILLE TOWER**  
**PENSACOLA FL 32501**

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 \_\_\_\_\_

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 <b>D</b>	NAME <b>DANHI, MIKE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>501 NAVY BLVD.</b>		
CITY-ST-ZIP <b>PENSACOLA FL</b>		
TITLE <b>P</b>	NAME <b>DANHI, ROCHELLE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>501 NAVY BLVD</b>		
CITY-ST-ZIP <b>PENSACOLA FL</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>Town &amp; Country Bingo</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>3300 N. Pace Blvd. Suite 310</b>	
STREET ADDRESS <b>Pensacola, FL 32505</b>	
TITLE <b>Town &amp; Country Bingo</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>3300 N. Pace Blvd. Suite 310</b>	
STREET ADDRESS <b>Pensacola, FL 32505</b>	
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)(f), 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: *Rochelle Danhi* 1/25/00 850-455-4111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)