

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90105 033 ****61.25

DOCUMENT # 755880

1. Entity Name

KEY WEST PLAYERS, INC.

Principal Place of Business

Mailing Address

TIFFS LN & WALL ST
 WATERFRONT PLAYHOUSE
 KEY WEST FL 33040
 US

P.O. DOX 724
 KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1966652

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNDER, RUTH
1214 PETRONIA ST
KEY WEST FL 33040

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 reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KATZ, LORI	
STREET ADDRESS	1514 4 ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MUNDER, RUTH	
STREET ADDRESS	1214 PETRONIA	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RECHER, FLORENCE	
STREET ADDRESS	3124 RIVIERA DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GUGLEOTTI, GEORGE	
STREET ADDRESS	709 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, SCOTT	
STREET ADDRESS	1221 ASBY ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLEOTTI, GEORGE	
STREET ADDRESS	709 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, MATTHEW	
STREET ADDRESS	1123 WHITEHEAD ST. (Front)	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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 Richard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/12/00 305-294-0431
 Daytime Phone #

CR2E037 (9/99)