

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90059 013 ****61.25

DOCUMENT # 755880

1. Entity Name

KEY WEST PLAYERS, INC.

Principal Place of Business

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

Mailing Address

P.O. DOX 724
 KEY WEST FL 33041

90059013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1966652**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE 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	PD	<input type="checkbox"/> Delete
NAME	GUGLEOTTI, GEORGE	
STREET ADDRESS	709 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROWDER, MATTHEW	
STREET ADDRESS	1123 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT BILMORE	
STREET ADDRESS	1221 ASHBY	
CITY-ST-ZIP	KEY WEST FL 33040	
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	S Kelly Hedges	
STREET ADDRESS	3371 Donald AV	
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: *Florence Recher* SIGNATURE REQUIRED

01-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)