

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90021 008 \*\*\*\*70.00

**DOCUMENT # 758172**

1. Entity Name

**GULFPORT COMMUNITY PLAYERS, INC.**

Principal Place of Business

**3050 BEACH BLVD SO.  
GULFPORT FL 33707**

Mailing Address

**3050 BEACH BLVD SO.  
GULFPORT FL 33707**

00007194

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**P. O. Box 5071**  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3373 5071**

**Pinellas**

4. FEI Number

**59-2135038**

Applied For

Not Applicable

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

**RYERSON, JUDITH C  
5855 27TH AVE S  
GULFPORT FL 33707**

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:  
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 ☐ Delete  
NAME **P**  
STREET ADDRESS **CARTWRIGHT, JAMES C**  
CITY-ST-ZIP **5309-15 AVENUE SOUTH  
GULFPORT FL 33707**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **CULLER, CATHERIN**  
CITY-ST-ZIP **5122-31-AVE S  
GULFPORT FL 33707**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CAROLYN, BROCK**  
CITY-ST-ZIP **4814 CORONADO WAY SO.  
GULFPORT FL 33711**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **RYERSON, JUDITH**  
CITY-ST-ZIP **5855 27 AVE SO.  
GULFPORT FL 33707**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VALDES, CAROL**  
CITY-ST-ZIP **8502 60 ST/NO.  
PINELLAS PARK FL 33781**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Valdes, Carol**  
CITY-ST-ZIP **5609 20 Avenue So.  
Gulfport, FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Leona C. Polk**  
STREET ADDRESS **4700 Tradwinds So.**  
CITY-ST-ZIP **Gulfport, FL 33711**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Judith C. Ryerson**

727-893-1021

Daytime Phone #

CR2E037 (10/00)