

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90005 006 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N09468
 1. Entity Name
PLAYERS-CLUB-ON-THE-BAY,-INC.

Principal Place of Business Mailing Address

10221 HWY 98 W PO BOX 6225
 SUITE 23 DESTIN FL 32541-6225
 DESTIN FL 32541 US
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite: 23

City & State City & State
 Destin FL 32541

Zip Country Zip Country
 32550 32550 US US

4. FEI Number Applied For
59-2543489 Not Applicable

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

6. Name and Address of Current Registered Agent

GELDER, RALPH H
 10221 HWY 98 W
 SUITE 23
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: **Jay B. Gelder**
 Street Address (P.O. Box Number is Not Acceptable):
10221 Hwy 98 W, Suite 23
 City: **Destin** State: **FL** Zip Code: **32541**

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: *Jay B. Gelder* DATE: **5/15/00**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PD NAME: HALL, CARL STREET ADDRESS: 20 PLAYERS CLUB - SANDESTIN CITY - ST - ZIP: DESTIN FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: David Parsons STREET ADDRESS: 104 Rock Bridge Road CITY - ST - ZIP: DOTHAN AL 36303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LAMARCHE, JUDY STREET ADDRESS: 3304 TARTON CR CITY - ST - ZIP: BIRMINGHAM AL	<input type="checkbox"/> Delete	TITLE: VD NAME: Bill Petty STREET ADDRESS: 3026 Cowington Farms Rd CITY - ST - ZIP: Fort Wayne IN 46804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SISTRUNK, JACK J STREET ADDRESS: 4925 GREENVILLE AVENUE, SUITE 815 CITY - ST - ZIP: DALLAS TX	<input type="checkbox"/> Delete	TITLE: D NAME: Ace Dryden STREET ADDRESS: 21 Players Club CITY - ST - ZIP: Destin FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: SCHUPPERT, KENNETH SR STREET ADDRESS: 300 TROON ROAD CITY - ST - ZIP: PADUCAH KY 42001	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PO NAME: MCCALLISTER, RAY STREET ADDRESS: P O BOX 12705 N/A CITY - ST - ZIP: TALLAHASSEE FL 32317	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Quinn A. F. Metcalfe* DATE: **5/17/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)