

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90132 034 \*\*\*\*61.25

0070012

**DOCUMENT # N48459**

1. Entity Name

**ROYAL PALM PLAYERS, INC.**

Principal Place of Business

333 PARK AVE. #4  
 BOCA GRANDE FL 33921  
 US

Mailing Address

P.O. BOX 954  
 BOCA GRANDE FL 33921

**C0007509**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0330458**

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

**BATSEL, C. GUY**  
**1861 PLACIDA RD.**  
**SUITE 104**  
**ENGLEWOOD FL 34223**

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

*C. Guy Batsel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**1-8-2001**

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  Delete  
 NAME **TD ASHER, DANA M**  
 STREET ADDRESS **P.O. BOX 634/385 BANBARUSSA ST.**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD GAINES, JEFF**  
 STREET ADDRESS **PO BOX 5/ 381 PALM AVE.**  
 CITY-ST-ZIP **BOCA GRANDE FL**

TITLE  Change  Addition  
 NAME **Vice President**  
 STREET ADDRESS **Charlie Tyler**  
 CITY-ST-ZIP **PO Box 1878 / 1940 W. 19th Street**  
**BOCA GRANDE, FL 33921**

TITLE  Delete  
 NAME **PD YOUNG, ROBERT**  
 STREET ADDRESS **PO BOX 584/ 1 BOCA BAY**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD WOOD, JEAN**  
 STREET ADDRESS **P.O. BOX 1304/BOCA GRANDE CLUB**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *DANA ASHER, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10 Jan 01 941 964 2670**  
 DATE Daytime Phone #

CR2E037 (10/00)