

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90049 033 \*\*\*\*61.25

**DOCUMENT # N93000004668**

1. Entity Name  
**WEKIVA RIVER PLAYERS, INC.**

Principal Place of Business      Mailing Address  
**P O BOX 915271                      P O BOX 915271**  
**LONGWOOD FL 32791                LONGWOOD FL 32791-5271**  
**US    US**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3200294**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOONOVER, SUE A**  
**124 LEOBURY DR**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOONOVER, SUE</b>	
STREET ADDRESS	<b>124 LEOBURY DR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AVALLONE, AMY</b>	
STREET ADDRESS	<b>426 EVESHAM PLAVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SISSON, CAROL</b>	
STREET ADDRESS	<b>354 LAKEWOOD CT</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SALDARRIAGA, BARBARA</b>	
STREET ADDRESS	<b>504 SPRINGCREEK DR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SISSON, CAROL</b>	
STREET ADDRESS	<b>354 LAKEWOOD CT</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAREY, DOUG</b>	
STREET ADDRESS	<b>601 N LONGVIEW</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOAN BRAUN</b>	
STREET ADDRESS	<b>104 CAMBRIDGE DR</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUNE POWELL</b>	
STREET ADDRESS	<b>2940 CYPRESS CHASE LN</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOM CARTER</b>	
STREET ADDRESS	<b>620 TORREY OAKS</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>	
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		

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]*      Date: **3-6-00**      Daytime Phone #: **407-672-2354**

CR2E037 (9/99)