

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90030 028 ***550.00

0011524 AV

DOCUMENT # P92000011721
1. Entity Name
PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business
 401 E. SEMORAN BLVD.
 CASSELBERRY FL 32707

Mailing Address
 200 N. THORNTON AVENUE
 ORLANDO FL 32801
 US

2. Principal Place of Business

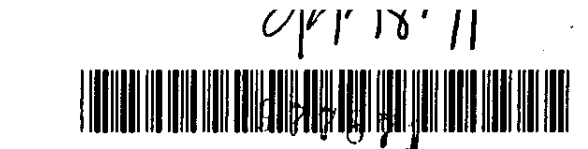
3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, DON E
 200 N. THORNTON AVE
 ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VEIGLE, JAMES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEIGLE, CHARLES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOEGLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Voeglin **REQUIRED** 8/15/01 407-260-7003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)