

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-28-2002 91715 042 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755880

1. Entity Name

KEY WEST PLAYERS, INC.

Principal Place of Business

TIFFS LN & WALL ST
WATERFRONT PLAYHOUSE
KEY WEST FL 33040
US

Mailing Address

P.O. BOX 724
KEY WEST FL 33041

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

59-1966652

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MUNDER, RUTH
1214 PETRONIA ST
KEY WEST FL 33040

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 \$81.25

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	VD	☒ Delete
NAME	KATZ, LORI	
STREET ADDRESS	1514 4 ST	
CITY-STATE-ZIP	KEY WEST FL	
TITLE	VTD	☐ Delete
NAME	MUNDER, RUTH	
STREET ADDRESS	1214 PETRONIA	
CITY-STATE-ZIP	KEY WEST FL	
TITLE	TD	☐ Delete
NAME	RECHER, FLORENCE	
STREET ADDRESS	3124 RIVERA DR	
CITY-STATE-ZIP	KEY WEST FL	
TITLE	PD	☐ Delete
NAME	GUGLIOTTI, GEORGE	
STREET ADDRESS	709 OLIVA ST	
CITY-STATE-ZIP	KEY WEST FL 33040	
TITLE	SD	☒ Delete
NAME	CROWDER, MATTHEW	
STREET ADDRESS	1123 WHITEHEAD ST	
CITY-STATE-ZIP	KEY WEST FL 33040	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD PAUL WILSON	☐ Change ☐ Addition
NAME		
STREET ADDRESS	808 WILSON LN	
CITY-STATE-ZIP	Key West FL 33040	
TITLE	VD MUNDER, RUTH	☐ Change ☐ Addition
NAME		
STREET ADDRESS	1214 Petronia	
CITY-STATE-ZIP	Key West FL 33040	
TITLE	VD Recker Florence	☐ Change ☐ Addition
NAME		
STREET ADDRESS	3124 RIVERA DR	
CITY-STATE-ZIP	Key West FL 33040	
TITLE	PD George Gugliotti	☐ Change ☐ Addition
NAME		
STREET ADDRESS	709 OLIVA	
CITY-STATE-ZIP	Key West FL 33040	
TITLE	TD Peerman-Hedges, Kelly	☐ Change ☐ Addition
NAME		
STREET ADDRESS	3371 Donald Ave	
CITY-STATE-ZIP	Key West FL 33040	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florence Recker

7-9-02