

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90099 005 ****61.25

DOCUMENT # 713216

1. Entity Name
THE ISLAND PLAYERS, INC.

Principal Place of Business

10009 GULF DR CORNER PINE
 PO BOX 2059
 ANNA MARIA FL 34216

Mailing Address

10009 GULF DR CORNER PINE
 PO BOX 2059
 ANNA MARIA FL 34216-2059

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

59-1171146

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDOWELL, SAMUEL F.
309 SPRING AVE
ANNA MARIA FL 34216

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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	TD	<input type="checkbox"/> Delete
NAME	MCDOWELL, SAM	
STREET ADDRESS	309 SPRING AVE	
CITY-ST-ZIP	ANNA MARIA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA	
STREET ADDRESS	212 85 ST	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, RUTH	
STREET ADDRESS	3718 59TH STREET DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDER, DOROTHY	
STREET ADDRESS	7409 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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: *Samuel F. McDowell* **Samuel F. McDowell** 4-17-00 941-778-2732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 1100 (7-99)