

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766823

1. Entity Name

PLAYDIUM MANAGEMENT COMPANY, INC.

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90059 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% AL HINDERMAN  
1100 HILLCREST DRIVE  
HOLLYWOOD FL 33021  
US

% AL HINDERMAN  
1100 HILLCREST DRIVE  
HOLLYWOOD FL 33021  
US

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

59-2263251

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

HINDERMAN, AL  
1313 WASHINGTON STREET  
HOLLYWOOD FL 33019

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD  
NAME KRIEGER, GEORGE ☐ Delete  
STREET ADDRESS 4200 HILLCREST DR #1004  
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD ☒ Change ☐ Addition  
NAME ALVIN FISHER  
STREET ADDRESS 4330 HILLCREST DR #514  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ Delete  
NAME ROSS, NAT  
STREET ADDRESS 3800 HILLCREST DR., APT. 202  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FALKENSTEIN, JACK  
STREET ADDRESS 4350 HILLCREST DR APT #917  
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☒ Change ☐ Addition  
NAME ROSE LEAVITT  
STREET ADDRESS 4650 WASHINGTON ST #405  
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ Delete  
NAME ZUCKERBROD, SID  
STREET ADDRESS 4700 WASHINGTON ST 105  
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-00 954-962-1526