

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766974

1. Entity Name

PINE ISLAND PLAYERS, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90006 015 \*\*\*\*61.25

Principal Place of Business

15664 BROMELIAD  
BOKEELIA FL 33922

Mailing Address

15664 BROMELIAD  
BOKEELIA FL 33922-1819

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

59-2266863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGAN, MARY  
15664 BROMELIAD  
P. O. BOX 596  
BOKEELIA FL 33922

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	P	<input type="checkbox"/> Delete
NAME	THOMPSON, ROBERT J	
STREET ADDRESS	5560 AVE D STE 6	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANKS, BOBBIE	
STREET ADDRESS	5970 TANATI DRIVE	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, RUTH	
STREET ADDRESS	1333 SANTA BARBARA BOULEVARD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOK, JOHNNYE	
STREET ADDRESS	6350 CEDELIA RD	
CITY-ST-ZIP	BOKEELIA 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON/Robert J	
STREET ADDRESS	2419 SYCAMORE ST.	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ELIZABETH DUNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	2419 SYCAMORE ST	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
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:

*Robert J Thompson* ROBERT J THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-255-9696

CR2E037 (9/99)