

2002 UNIFORM BUSINESS REPORT (UBR)

0001707 AB

DOCUMENT # A01000001101

1. Entity Name
PLAYERS INVESTMENT GROUP, LLLP

FILED

02 SEP -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 6639 SOUTHPOINT PARKWAY, SUITE 101 JACKSONVILLE FL 32212
Mailing Address: 6639 SOUTHPOINT PARKWAY, SUITE 101 JACKSONVILLE FL 32212

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number: **59-3746297**
Applied For: Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250**
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$7,500.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------------|--------------------------|-----------------------|
| DOCUMENT # | NICHOLSON, W. B JR. | STREET ADDRESS | |
| NAME | 6639 SOUTHPOINT PARKWAY, SUITE 101 | CITY-ST-ZIP | 200007602132--6 |
| STREET ADDRESS | JACKSONVILLE FL 32212 | | -09/09/02--01065--024 |
| CITY-ST-ZIP | | | ****541.25 ****541.25 |
| DOCUMENT # | LOPEZ, MIKE | STREET ADDRESS | |
| NAME | 6639 SOUTHPOINT PARKWAY, SUITE 101 | CITY-ST-ZIP | |
| STREET ADDRESS | JACKSONVILLE FL 32212 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (4/02)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: W.B. Nicholson (W.B. Nicholson) 8/29/02 (904) 281-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #