

2002 UNIFORM BUSINESS REPORT (UBR)

0001707 AB

DOCUMENT # A01000001101

1. Entity Name

PLAYERS INVESTMENT GROUP, LLP

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

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

59-3746297

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

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
NICHOLSON, W. B JR.
6639 SOUTHPOINT PARKWAY, SUITE 101
JACKSONVILLE FL 32212

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LOPEZ, MIKE
6639 SOUTHPOINT PARKWAY, SUITE 101
JACKSONVILLE FL 32212

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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

Date

Daytime Phone #

(904) 281-1990

CR2E003 (4/02)