

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002428**

1. Entity Name

PLAYERS GRILL--ORLANDO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business Mailing Address
41 WEST CHURCH STREET, SUITE 200 **41 WEST CHURCH STREET, SUITE 200**
ORLANDO FL 32801 **ORLANDO FL 32801-3301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3476134	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADLOW, RICHARD B
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$4,605,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **4,605,000** 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 #	P98000089489	STREET ADDRESS	
NAME	MILLENNIUM GRIDIRON, INC.	CITY - ST - ZIP	
STREET ADDRESS	41 WEST CHURCH STREET, SUITE 200		
CITY - ST - ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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-06/15/00-01115-022
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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: SIGNATURE REGIMARR I. GIBSON 3/9/00 (407) 425-6822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (3/99)