

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002613

1. Entity Name

REALMARK - PLAYERS MANAGEMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 005 ***150.00

Principal Place of Business

2350 NORTH FOREST RD
GETZVILLE NY 14068

Mailing Address

2350 NORTH FOREST RD
GETZVILLE NY 14068-1296

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 12-A

Suite, Apt. #, etc.

SUITE 12-A

City & State

City & State

4. FEI Number

16-1521599

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

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE STE 200
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCT			
	JAYSON, JOSEPH	2350 NORTH FOREST ROAD	GETZVILLE FL 14068	
	V			
	TALANSKY, ALAN	2665 SO BAYSHORE DRIVE	COCONUT GROVE FL 33133	
	S			
	COLMERAUER, MICHAEL J	2350 NO FOREST RD	GETZVILLE FL 14068	
	T			
	JAYSON, JOSEPH	2350 NO FOREST RD	GETZVILLE NY 14068	
	D			
	JAYSON, JUDITH	2350 NO FOREST RD	GETZVILLE FL 14068	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2350 NORTH FOREST ROAD, SUITE 12-A	GETZVILLE, NY 14068	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2350 NORTH FOREST ROAD, SUITE 12-A	GETZVILLE, NY 14068	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2350 NORTH FOREST ROAD, SUITE 12-A	GETZVILLE, NY 14068	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2350 NORTH FOREST ROAD, SUITE 12-A	GETZVILLE, NY 14068	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 28, 2000 (716) 636-0280

Date

Daytime Phone #

CR2E034 (9/99)