2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000270

1. Entity Name

REALMARK-PLAYERS, L.L.C.

FILED

01 MAR -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2350 NORTH FOREST ROAD, SUITE 12-A GETZVILLE NY 14068	2350 NORTH FOREST ROAD, SUITE 12-A GETZVILLE NY 14068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

4. FEI Number	16-1521603	Applied For
		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** 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 AVENUE, SUITE 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE **MGRM** NAME **REALMARK-PLAYERS MANAGEMENT, INC.** STREET ADDRESS **2350 NORTH FOREST ROAD, SUITE 12-A** CITY-ST-ZIP **GETZVILLE NY 14068**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 600003851076--8 CITY-ST-ZIP --03/13/01--01097--015	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *****50.00 ****50.00 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Joseph MGM Jankson (SIGNATURE REQUIRED)   January 30, 2001   (716) 636-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #