

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01802

1. Entity Name

PENINSULA PLAYERS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90020 011 ****61.25

Principal Place of Business

Mailing Address

C/O ALFRED E. RICHTER
2801 JOHNSON AVE. #9
SAN LUIS OBISPO CA 93401
US

%ALFRED E. RICHTER
2801 JOHNSON AVE. #9
SAN LUIS OBISPO CA 93401-5825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2505710

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

DIANE WILKES/PENINSULA PLAYERS
575 BAYSIDE DRIVE
FORT MYERS FL 93401

Name

DAN PERRY

Street Address (P.O. Box Number is Not Acceptable)

575 BAYSIDE DR

City

FT MYERS

FL

Zip Code

33919

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

Dan Perry

DAN PERRY

4-20-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DP
STREET ADDRESS RICHTER, ALFRED E.
CITY-ST-ZIP 1436 ROSADA WAY
FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS RICHTER, MARTHA
CITY-ST-ZIP 2801 JOHNSON AVE., #9
SAN LUIS OBISPO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WILKES, DIANE
CITY-ST-ZIP 575 BAYSIDE DRIVE
FT. MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PERRY, DAN
CITY-ST-ZIP 575 BAYSIDE DRIVE
FT. MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ALFRED E. RICHTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL RICHTER

5-1-00

805/547-1742

Date

Daytime Phone #

CR2E037 (9/99)