2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

Delete

_ Delete

☐ Delete

☐ Delete

☐ Delete

Country

11.

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY_ST-7IP

City & State

Zip

DOCUMENT # N01802

1. Entity Name

Suite, Apt. #, etc.

575 BAYSIDE DRIVE FORT MYERS FL 93401

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE _

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PENINSULA PLAYERS, INC.

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

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Country

DIANE WILKES/PENINSULA PLAYERS

FILE NOW:

FEE IS \$61.25

RICHTER, ALFRED E.

1436 ROSADA WAY

RICHTER, MARTHA

2801 JOHNSON AVE., #9

SAN LUIS OBISPO CA

575 BAYSIDE DRIVE

575 BAYSIDE DRIVE

FORT MYERS FL

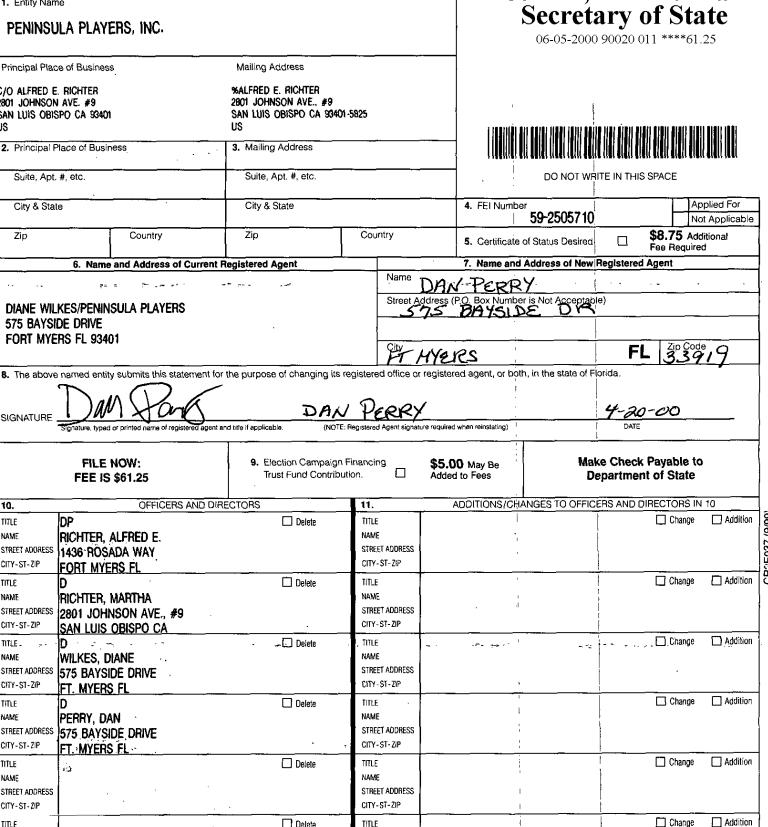
D --WILKES, DIANE

FT. MYERS FL

PERRY, DAN

FT. MYERS FL

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



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

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR