

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05827

1. Entity Name

THE VILLAGE PLAYERS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90170 002 ****61.25

Principal Place of Business Mailing Address
501 US HIGHWAY ONE (VILLAGE HALL) 501 US HIGHWAY ONE (VILLAGE HALL)
N. PALM BEACH FL 33408 N. PALM BEACH FL 33408

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2777436

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

SMITH, ROMA
8146 S. VIRGINIA AVENUE
PALM BCH GARDENS FL 33418

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 \$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

TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIOTT, TERRY	
STREET ADDRESS	8447 BEACONHILL ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLF, ROSEANN	
STREET ADDRESS	8 COMPTON WAY	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	DEMARIO, ARTHUR	
STREET ADDRESS	2013 BEDFORD DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DZICZKOWSKI, PAT	
STREET ADDRESS	1104 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, TERRY	
STREET ADDRESS	8447 BEACONHILL ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZICZKOWSKI, PAT	
STREET ADDRESS	1104 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMELINE DEMARIO	
STREET ADDRESS	2013 BEDFORD DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN COLLINS	
STREET ADDRESS	902 GARNETT STREET	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER McCORD	
STREET ADDRESS	4317 KING THEODORE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436-7529	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ROSEANN WOLF 4/5/00 (561) 967-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF1E037 (9/99)