

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 027 \*\*\*\*61.25

**DOCUMENT # N33469**

1. Entity Name  
**THE PLAYERS, INC.**



Principal Place of Business  
838 N TAMIAMI TRAIL  
SARASOTA, FL 34236

Mailing Address  
838 N TAMIAMI TRAIL  
SARASOTA, FL 34236

40000000000000000000000000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0711182**

Applied For  
Not Applicable

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

HOPPER, RICK  
1790 MAIN ST  
SARASOTA, FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CO  
COOPERMAN, KAREL  
1808 ORCHID ST.  
SARASOTA, FL 34239 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TO  
MIRMAN, LEE  
5033 OCEAN BLVD.  
SARASOTA, FL 34242 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VCO  
TERRIS, BRENDA  
1839 ALTA VISTA ST  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CO  
GORDON, SCOTT  
4355 WOODVIEW DR.  
SARASOTA, FL 34232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATO  
GORDON, JUNE  
3962 COUNTRY VIEW DR.  
SARASOTA, FL 34233 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VCO  
ROSS, ELLEN  
995 SCHERER WAY  
OSPREY, FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VCO  
ROSS, ELLEN  
995 SCHERER WAY  
OSPREY, FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VCO  
HOPPER, RICH  
1790 MAIN ST.  
SARASOTA, FL 34236 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TO  
HOPPER, RICH  
1790 MAIN ST.  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VCO  
WOLNERTON, JOANN  
1748 INDEPENDENCE BLVD, STE G1  
SARASOTA, FL 34234 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SO  
WOLNERTON, JOANN  
1748 INDEPENDENCE BLVD, STE G1  
SARASOTA, FL 34234 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SO  
WOLNERTON, JOANN  
1748 INDEPENDENCE BLVD, STE G1  
SARASOTA, FL 34234 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Interim Executive