

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001446

1. Entity Name

P.L.A.Y.E.R.S. FOUNDATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 021 ****61.25

Principal Place of Business 4400 PGA BLVD SUITE 505 PALM BEACH GARDENS FL 33410	Mailing Address PO BOX 30633 PALM BCH GARDENS FL 33420-0633 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738	3. Mailing Address 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738
--	--

4. FEI Number 65-0511226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, DONALD W 8774 WATER OAK PLACE TEQUESTA FL 33469	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2000 PGA Blvd. Suite 4410 N. Palm Beach, FL 33408-2738 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESHELMAN, IRA L 600 JENKINS BRANCH RD BRYSON CITY NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 4400 PGA BLVD STE 505 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 PGA Blvd., Suite 4410 N. Palm Beach, FL 33408-2738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESHELMAN, PAUL 21 HANDCOCK LAGUNA NIGUEL CA 92677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Donald W. Miller* **Donald W. Miller** **4/28/00** **561-627-0677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)