

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005342

1. Entity Name

FORT LAUDERDALE PLAYERS, INC.

Principal Place of Business

617 N.E. 8TH ST.
FORT LAUDERDALE FL 33304-2747

Mailing Address

617 N.E. 8TH ST.
FORT LAUDERDALE FL 33301-1924

2. Principal Place of Business

3. Mailing Address

104 SE. 1ST ST.

104 S.E. 1ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301-1924

Country

USA

Zip

33301-1924

Country

USA

4. FEI Number

65-0537335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D
6565 TAFT ST.
SUITE 200
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

David Weisman

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

11901 Picadilly Pl

City

DAVE, FL 33325

FL

33325

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)

2/2/00

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 DS ☐ Delete
NAME WEISMAN, BETSY
STREET ADDRESS 11901 PICADILLY PL
CITY-ST-ZIP DAVE FL 33325

TITLE DP ☐ Delete
NAME GARBER, SUSAN
STREET ADDRESS 700 SE 5TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

TITLE DV ☒ Delete
NAME MICHELS, SONDRAM
STREET ADDRESS 101 EL DORADO PARKWAY
CITY-ST-ZIP PLANTATION FL 33317

TITLE DT ☐ Delete
NAME WILLIS, ROBERT B
STREET ADDRESS 260 NW 17TH COURT #604
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ~~DP~~ DS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CDV ANGELA ROUSTAN
STREET ADDRESS 13621 SW 17 CT
CITY-ST-ZIP MIAMI, FL 33027

TITLE ☐ Change ☒ Addition
NAME DT MEREDITH MURSULLI
STREET ADDRESS 14411 NW 83 PLACE
CITY-ST-ZIP MIAMI LAKE, FL 33016

TITLE ☐ Change ☒ Addition
NAME DP DAVID WEISMAN
STREET ADDRESS 11901 Picadilly Pl
CITY-ST-ZIP DAVE FL 33325

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:

Betsy Weisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00
Date

954-760-7171
Daytime Phone #

CR2E037 (9/99)