

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002940**

1. Entity Name

**CELEBRATION PLAYERS, INC.****FILED****Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90081 014 \*\*\*\*61.25

Principal Place of Business

P O BOX 470303  
CELEBRATION FL 34747

Mailing Address

P O BOX 470303  
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3574910

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**EATON, DAVID**  
**512 LONGMEADOW**  
**CELEBRATION FL 34747**

## 7. Name and Address of New Registered Agent

Name

**DAVID EATON**

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

**1001 PERIWINKLE COURT**

City

**CELEBRATION**

FL

Zip Code

**34747**

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****After September 13, 2000 min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>P</b> <b>FELICIA AMERENA</b> <b>15956 Green Cove Blvd.</b> <b>Clermont, FL. 34711</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>✓</b> <b>Nikki Botwinik</b> <b>5027 Hook Hollow Circle</b> <b>Orlando, FL. 32837</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>SIT</b> <b>Karen McCalmon</b> <b>3012 Parkway Blvd. #101</b> <b>Kissimmee, FL. 34747</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>David Eaton</b> <b>1001 Periwinkle Ct.</b> <b>Celebration, FL 34747</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>Linda Shepherd</b> <b>6676 Tanglewood Bay Dr. #712</b> <b>Orlando, FL. 32821</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>Shawn Ramagos</b> <b>618 Cornwallis Dr.</b> <b>Davenport, FL. 33837</b>	

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:

**DAVID EATON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/3 /00**

Date

Daytime Phone #

CR2E037 (5/00)