

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90336 039 ****61.25

DOCUMENT # N99000002940

1. Entity Name
CELEBRATION PLAYERS, INC.



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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3574910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EATON, DAVID
1001 PERIWINKLE COURT
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name **Debra E. McDonald**

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

City **Celebration, FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Debra E. McDonald** **Debra E. McDonald (Treasurer) 4/29/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AMERENA, FELICIA**
STREET ADDRESS **15956 GREEN COVE BLVD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **V** ☐ Delete
NAME **BOWERS, BARBARA**
STREET ADDRESS **202 NORTH VILLAGE STREET**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☐ Delete
NAME **BOWERS, JIM**
STREET ADDRESS **280 CELEBRATION BLVD, APT 27111**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☒ Delete
NAME **EATON, DAVID**
STREET ADDRESS **1001 PERIWINKLE CT**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☒ Delete
NAME **OLSON, STEVE**
STREET ADDRESS **414 CAMPUS STREET**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **T** ☒ Delete
NAME **SALVO, DON**
STREET ADDRESS **606 MARKET STREET, #260**
CITY-ST-ZIP **CELEBRATION FL 34747**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Amerena, Robert**
STREET ADDRESS **15956 green cove Blvd**
CITY-ST-ZIP **clermont, FL 34711**

TITLE **S** ☐ Change ☒ Addition
NAME **Love, Bettye**
STREET ADDRESS **754 Centergate Dr. Apt 205**
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **McDonald, Debra**
STREET ADDRESS **402 Iris Street**
CITY-ST-ZIP **Celebration, FL 34747**

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: **Debra E. McDonald** **4/29/03** **407-566-8674**

CR2E037 (10/02)