

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011721

1. Entity Name

PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90053 011 ***150.00

Principal Place of Business

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

Mailing Address

200 N. THORNTON AVENUE
ORLANDO FL 32801-2164
US

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 **59-3170854**

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

SMITH, RANDALL C ESQ.
200 N. THORNTON AVENUE
ORLANDO FL 32801

Name **DON BROWN, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
200 N. THORNTON AVE.
City **ORLANDO** FL Zip Code **32801**

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 Don L. Brown, Esq. [Signature] 3-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
D	VEIGLE, JAMES	401 E. SEMORAN BLVD.	CASSELBERRY FL 32707	<input type="checkbox"/>					<input type="checkbox"/>
D	VEIGLE, CHARLES	401 E. SEMORAN BLVD.	CASSELBERRY FL 32707	<input type="checkbox"/>					<input type="checkbox"/>
S	VOEGLIN, NANCY	401 E. SEMORAN BLVD.	CASSELBERRY FL 32707	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Voegtlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 407-240-7003
Date Daytime Phone #