

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90232 045 ***150.00

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DOCUMENT # P92000011721

1. Entity Name
PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.



Principal Place of Business
**401 E. SEMORAN BLVD.
CASSELBERRY FL 32707**

Mailing Address
**200 N. THORNTON AVENUE
ORLANDO FL 32801
US**

2. Principal Place of Business

3. Mailing Address

401 E. Semoran Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Casselberry, FL

Zip

Country

Zip

Country

32707

Seminole

4. FEI Number **59-3170854**

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

7. Name and Address of New Registered Agent

**BROWN, DON E
200 N. THORNTON AVE
ORLANDO FL 32801**

Name

Randall Smith

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

200 N. Thornton Avenue

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VEIGLE, JAMES**
STREET ADDRESS **401 E. SEMORAN BLVD.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **D** ☐ Delete
NAME **VEIGLE, CHARLES**
STREET ADDRESS **401 E. SEMORAN BLVD.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **S** ☐ Delete
NAME **VOEGLIN, NANCY**
STREET ADDRESS **401 E. SEMORAN BLVD.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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:

Nancy Voegtlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

407-260-7003

Daytime Phone #

CR2E034 (10/02)