

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097931

1. Entity Name

PLAY IT SAFE, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90023 017 \*\*\*150.00

Principal Place of Business

Mailing Address

5459 NEW JERSEY AVENUE  
DELEON SPRINGS FL 32130

5459 NEW JERSEY AVENUE  
DELEON SPRINGS FL 32130-3479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

ALEXANDER, WILLIAM R  
5459 NEW JERSEY AVENUE  
DELEON SPRINGS FL 32130

Name

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

City

FL

Zip Code

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

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	D	<input type="checkbox"/> Delete
NAME	BAUSLAUGH, LOUIS	
STREET ADDRESS	5459 NEW JERSEY AVENUE	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUSLAUGH, JAMIE	
STREET ADDRESS	5459 NEW JERSEY AVENUE	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, CURTIS G JR.	
STREET ADDRESS	2784 BEGONIA COURT	
CITY-ST-ZIP	DEL RAY BEACH FL 33345	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLERMAN, PAUL	
STREET ADDRESS	POST OFFICE BOX 679	
CITY-ST-ZIP	YONKERS NY 10704-0679	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRILL, JAMES JR.	
STREET ADDRESS	121 DEER PATH LANE	
CITY-ST-ZIP	FREEHOLD NJ 07728	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000 904/985-0133

CR2E034 (9/99)