

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 005 ***150.00

DOCUMENT # F97000002613

1. Entity Name
REALMARK - PLAYERS MANAGEMENT, INC.

Principal Place of Business Mailing Address
2350 NORTH FOREST RD **2350 NORTH FOREST RD**
GETZVILLE NY 14068 **GETZVILLE NY 14068-1296**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 12-A **SUITE 12-A**

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
16-1521599 Not Applicable

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

6. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE STE 200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: PCT NAME: JAYSON, JOSEPH STREET ADDRESS: 2350 NORTH FOREST ROAD CITY-ST-ZIP: GETZVILLE FL 14068 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: 2350 NORTH FOREST ROAD, SUITE 12-A STREET ADDRESS: GETZVILLE, NY 14068 CITY-ST-ZIP:
TITLE: V NAME: TALANSKY, ALAN STREET ADDRESS: 2665 SO BAYSHORE DRIVE CITY-ST-ZIP: COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: 2350 NORTH FOREST ROAD, SUITE 12-A STREET ADDRESS: GETZVILLE, NY 14068 CITY-ST-ZIP:
TITLE: S NAME: COLMERAUER, MICHAEL J STREET ADDRESS: 2350 NO FOREST RD CITY-ST-ZIP: GETZVILLE FL 14068 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: 2350 NORTH FOREST ROAD, SUITE 12-A STREET ADDRESS: GETZVILLE, NY 14068 CITY-ST-ZIP:
TITLE: T NAME: JAYSON, JOSEPH STREET ADDRESS: 2350 NO FOREST RD CITY-ST-ZIP: GETZVILLE NY 14068 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: 2350 NORTH FOREST ROAD, SUITE 12-A STREET ADDRESS: GETZVILLE, NY 14068 CITY-ST-ZIP:
TITLE: D NAME: JAYSON, JUDITH STREET ADDRESS: 2350 NO FOREST RD CITY-ST-ZIP: GETZVILLE FL 14068 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: 2350 NORTH FOREST ROAD, SUITE 12-A STREET ADDRESS: GETZVILLE, NY 14068 CITY-ST-ZIP:
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ 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 life empowered.

SIGNATURE: _____ DATE: **JANUARY 28, 2000** (716) 636-0280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)