

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90495 045 ***150.00

0603680

DOCUMENT # F97000002613

1. Entity Name
REALMARK - PLAYERS MANAGEMENT, INC.

Principal Place of Business 2350 NORTH FOREST RD 12A GETZVILLE NY 14068	Mailing Address 2350 NORTH FOREST RD 12A GETZVILLE NY 14068
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1521599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME PCT JAYSON, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 2350 N FOREST RD #12A	
CITY-ST-ZIP GETZVILLE FL 14068	
TITLE NAME V TALANSKY, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2665 SO BAYSHORE DRIVE	
CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE NAME S COLMERAUER, MICHAEL J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2350 N FOREST RD #12A	
CITY-ST-ZIP GETZVILLE FL 14068	
TITLE NAME T JAYSON, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 2350 N FOREST RD #12A	
CITY-ST-ZIP GETZVILLE NY 14068	
TITLE NAME D JAYSON, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS 2350 N FOREST RD #12A	
CITY-ST-ZIP GETZVILLE FL 14068	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.

SIGNATURE: Joseph M. Jayson Date: January 30, 2001 Daytime Phone #: (716) 636-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)