

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90020 011 \*\*\*\*61.25

**DOCUMENT # N01802**

1. Entity Name

**PENINSULA PLAYERS, INC.**

Principal Place of Business

Mailing Address

C/O ALFRED E. RICHTER  
 2801 JOHNSON AVE. #9  
 SAN LUIS OBISPO CA 93401  
 US

%ALFRED E. RICHTER  
 2801 JOHNSON AVE. #9  
 SAN LUIS OBISPO CA 93401-5825  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2505710**

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

**DIANE WILKES/PENINSULA PLAYERS**  
**575 BAYSIDE DRIVE**  
**FORT MYERS FL 93401**

Name **DAN PERRY**

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

**575 BAYSIDE DR**

City **FT MYERS**

**FL**

Zip Code **33919**

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

*Dan Perry*

**DAN PERRY**

**4-20-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **RICHTER, ALFRED E.**  
 STREET ADDRESS **1436 ROSADA WAY**  
 CITY-ST-ZIP **FORT MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **RICHTER, MARTHA**  
 STREET ADDRESS **2801 JOHNSON AVE., #9**  
 CITY-ST-ZIP **SAN LUIS OBISPO CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WILKES, DIANE**  
 STREET ADDRESS **575 BAYSIDE DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PERRY, DAN**  
 STREET ADDRESS **575 BAYSIDE DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 617, 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:

*ALFRED E. RICHTER*

**AL RICHTER**

Date

**5-1-00**

Daytime Phone #

**805/547-1742**

CR12E037 (9/99)