

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

0088571

05-04-2001 90007 044 \*\*\*\*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  
 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

**PERRY, DAN**  
**575 BAYSIDE DRIVE**  
**FORT MYERS FL 33919**

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	RICHTER, ALFRED E.	1436 ROSADA WAY FORT MYERS FL	<input type="checkbox"/> Delete			
	D	RICHTER, MARTHA	2801 JOHNSON AVE., #9 SAN LUIS OBISPO CA	<input type="checkbox"/> Delete			
	D	WILKES, DIANE	575 BAYSIDE DRIVE FT. MYERS FL	<input type="checkbox"/> Delete			
	D	PERRY, DAN	575 BAYSIDE DRIVE FT. MYERS FL	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: *[Signature]* **AL RICHTER** 4-25-01 805/547-1742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE