

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711950

1. Entity Name

DREW RIDGE APTS. B, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 010 ****61.25

Principal Place of Business

Mailing Address

% WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765
US

% WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765-2616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7039604

Applied For

Not Applicable

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

WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765

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	D	<input checked="" type="checkbox"/> Delete
NAME	RENFROE, C E	
STREET ADDRESS	1221 DREW ST B-12	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLY, RONALD	
STREET ADDRESS	1221 DREW ST B16	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, ALICE	
STREET ADDRESS	1221 DREW ST 18B	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TSAMBIS, JEAN	
STREET ADDRESS	1221 DREW ST #B1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD A	<input type="checkbox"/> Delete
NAME	KOLBECK, RAYMOND ANTHONY KUNZ	
STREET ADDRESS	1221 DREW ST B-17	
CITY-ST-ZIP	CLEARWATER FL	
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEAN TSAMBIS DIRECTOR TSAMBIS 2/25/00 727-461-0005

CR2E037 (9/99)