


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 041 ****70.00

DOCUMENT # N26954

1. Entity Name
DRUG FREE, INC.



Principal Place of Business: **RYAN'S RESTAURANT
LEESBURG FL 34748
US**

Mailing Address: **P.O. BOX 493451
LEESBURG FL 34748
US**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2962440**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEISHER, AMELIA R
1219 PALMETTO DR
LADY LAKE FL 32159**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, CLIFFORD B 520 JASON ST LADY LAKE FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IDELL, H C 115 E. MAGNOLIA AVE. LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOLLARD, SADIE A 556 ST. ANDREWS BLVD. LADY LAKES FL 33159 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FKLEISHER, AMELIA R 1219 PALMETTO DR. LADY LAKE FL 32159 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY/DIRECTOR MARILYN HOOD 306 SOUTH OLD DIXIE HWY LADY LAKE, FL, 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER/DIRECTOR AMELIA R. FLEISHER 1219 PALMETTO DR LADY LAKE, FL, 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **AMELIA R. FLEISHER** *Amelia R. Fleisher* 2/20/03 (352) 753-9317

CPRE037 (10/02)