

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90160 016 \*\*\*\*\*61.25

**DOCUMENT # 712848**

1. Entity Name

**DREW RIDGE APTS. E. INC.**

Principal Place of Business

Mailing Address

% DREW RIDGE E COMM MNGT CONCEPTS  
 4175 EAST BAY DR 205  
 CLEARWATER FL 33764  
 US

% DREW RIDGE E COMM MNGT CONCEPTS  
 4175 EAST BAY DR 205  
 CLEARWATER FL 33764  
 US

2. Principal Place of Business

3. Mailing Address

**2430 Estancia Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 114**

City & State

City & State

**Clearwater, Florida**

Zip

Country

Zip

Country

**33761**

4. FEI Number

**23-7039607**

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

**ROBINSON, JOSEPH**  
**1221 DREW ST E-2**  
**CLEARWATER FL 33755**

Name

**Florida Central Management Inc**

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

**2430 Estancia Blvd**

**Suite 114**

City

**Clearwater**

**FL**

Zip Code

**33761**

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.

**Robert M. Norek- Senior Vice-President**

SIGNATURE

**April 16, 2001**

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	STD KINCAID, LOWELL 1221 DREW ST., #E-2 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLTON, FRED 1221 DREW RIDGE ST. CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLAIBER, REV. ROBERT 1221 DREW ST., #E-1 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRETSCH 1221 DREW STREET CLEARWATER FL 34615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JOE 1221 DREW ST CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-VP BILL BUNGARDNER 1221 DREW ST. #E-6 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE COHEN 1221 DREW ST. #E-9 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOYCE KINCAID 1221 DREW ST. #E-12 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC, TR SD/TO JOHN M. KRETSCH 1221 DREW ST. #E1 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE ROBINSON 1221 DREW ST. #E-2 CLEARWATER, FL 33755	<input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/01**

Date

**797-6011**

Daytime Phone #

CR2E037 (10/00)