

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90027 037 *****61.25

0063741

DOCUMENT # 707909

Entity Name

DREW GARDEN APARTMENTS UNIT II INC

Principal Place of Business

Mailing Address

4175 EAST BAY DR., SUITE 205
 %COMMUNITY MANAGEMENT CONCEPTS
 CLEARWATER FL 33764
 US

4175 EAST BAY DR., SUITE 205
 %COMMUNITY MANAGEMENT CONCEPTS
 CLEARWATER FL 33764
 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

59-1578615

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

Name

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

City

FL

Zip Code

**BITTAKER, THOMAS
 1329 DREW ST
 CLEARWATER FL 34615**

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	P MALSKI, JOSEPH 1329 DREW ST #9 CLEARWATER FL 34615	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BITTAKER, TOM 1329 DREW ST #7 CLEARWATER FL 34615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIELCZYK, KAZIMIERA 1329 DREW ST, #5 CLEARWATER FL 34615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, TED 1329 DREW ST., #1 CLEARWATER FL 34615	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARNEY, DIANN 1329 DREW ST CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASZKO, DARIUSZ 1329 DREW STREET #2 CLEARWATER FL 34615	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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
Tom Bittaker 3-19-01 727-441-2565

Date

Daytime Phone #

CR2E037 (10/00)