

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90446 015 ****61.50

DOCUMENT # 707909

1. Entity Name
DREW GARDEN APARTMENTS UNIT II INC



Principal Place of Business
**4175 EAST BAY DR., SUITE 205
%COMMUNITY MANAGEMENT CONCEPTS
CLEARWATER FL 33764
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1578615**
Applied For
Not Applicable

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



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 _____
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BITTAKER, TOM 1329 DREW ST #7 CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIELCZYK, KAZIMIERA 1329 DREW ST, #5 CLEARWATER FL 34615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, PAULA 1329 DREW ST #12 CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOT, MIECZYSLAW 1329 DREW ST #14 CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANINA ZACKIEWICZ 1329 Drew St. #6 Clearwater, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT ID Same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BARBARA Stachura 1329 Drew St #2 Clearwater, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aleksandra Tatarczuk 1329 Drew St #8 Clearwater, FL 33755	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **Thomas Bittaker** **3/13/03 727-441-2565**

CR2E037 (10/02)