2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711271

1. Entity Name

DREW RIDGE APTS. A. INC.

% WANEK PROPERTY MANAGEMENT 2155 N.E. COACHMAN RD. CLEARWATER FL 33765-2616

Principal Place of Business

Mailing Address

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

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

04-03-2000 90123 011 ****61.25

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI	00 700000		Applied For Not Applicable	
Zip	Zip Country		Zip Country		5. Cel	rtificate of Status Desired	\$8.75 Ac		
	6. Name	and Address of Current R	egistered Agent		7. Nai	me and Address of New Reg	istered Agent		
					Name				
WANCH D	NANEDTV I	##NIAOCNICNIT	Stree		t Address (P.O. Box Number is Not Acceptable)				
	COACHMAN	MANAGEMENT L PD							
	TER FL 337		City						
OLLAWA							FL Zip Co	de	
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.									
5. The doove flatted chirty sacrifical file statement for the persons of changing its regions of regions of each of the sacrification o									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
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			9. Election Campaign Financing Trust Fund Contribution. Contribution		4- 4	Bfalle (Óbaals Davabla (
FILE NOW: FEE IS \$61.25		\$5.00 May 6 Added to Fees				Check Payable fartment of State			
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10. OFFICERS AND DIRE			CTORS	11.	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		N 10	
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2. 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 an other like empowered.

SIGNATURE: 🖄

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

GUSTAV

PRETZLAFF

2/24/00

3083

Daytime Phone #