

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90211 022 ****61.25

DOCUMENT # 711271

1. Entity Name

DREW RIDGE APTS. A. INC.

Principal Place of Business

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

Mailing Address

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

818180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite 114

City & State

Clearwater, Florida

Zip

33761

Country

Pinellas

3. Mailing Address

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite 114

City & State

Clearwater, Florida

Zip

33761

Country

Pinellas

4. FEI Number

23-7039603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WANER PROPERTY MANAGEMENT
 2155 NE COACHMAN RD
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **FLORIDA CENTRAL MGMT.**

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

2430 ESTANCIA BLVD.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01

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

TITLE **PD** ☒ Delete
 NAME **PRETZLAFF, GUSTAV**
 STREET ADDRESS **1221 DREW ST A20**
 CITY-ST-ZIP **CLEARWATER, FL 00000 33755**

TITLE **SD** ☐ Delete
 NAME **BURKHART, JANICE**
 STREET ADDRESS **1221 DREW ST #A-22**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ Delete
 NAME **SALIS, FRANK**
 STREET ADDRESS **1221 DREW ST., #A-14**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BB** ☒ Change ☐ Addition
 NAME **BRIAN FERGUSON**
 STREET ADDRESS **1221 DREW - BLDG. A - 9**
 CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D** ☐ Change ☒ Addition
 NAME **GIOVANNI WILLIAM**
 STREET ADDRESS **1221 DREW - BLDG. A - 7**
 CITY-ST-ZIP **CLEARWATER, FL**

TITLE **TO** ☐ Change ☒ Addition
 NAME **TOM ELTRINGHAM**
 STREET ADDRESS **1221 DREW - BLDG. A - 6**
 CITY-ST-ZIP **CLEARWATER, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **BRIAN FERGUSON, PRESIDENT 20MAR01, 727-469-8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)