

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90103 019 ***150.00

DOCUMENT # J56541

1. Entity Name
FLORIDA DREAM COMMUNITIES, INC.

Principal Place of Business

**5430 BAYSHORE BLVD
 N. FT. MYERS FL 33917
 US**

Mailing Address

**5430 BAYSHORE BLVD
 N. FT. MYERS FL 33917
 US**

2. Principal Place of Business

7937 SHADDOCK PL.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1549
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAND O' LAKES, FL

City & State

LAND O' LAKES FL

4. FEI Number **59-2836172**

Applied For
 Not Applicable

Zip

Country

34639

USA

Zip

Country

34639

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, ROBERT D
 5727 INVERNESS DR.
 N. FT. MYERS FL 33903**

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.

SIGNATURE *Robert D. Brown*

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, ROBERT D. | |
| STREET ADDRESS | 5727 INVERNESS CIR. | |
| CITY-ST-ZIP | N. FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, G. SCOTT | |
| STREET ADDRESS | 27562 ESCUNA ST | |
| CITY-ST-ZIP | MISSION VIEJO CA | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, STEPHEN A. | |
| STREET ADDRESS | 30171 HILLSIDE TERR. | |
| CITY-ST-ZIP | SAN JUAN CAPSTRNO CA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | 3510 SWANS LANDING DR. | |
| CITY-ST-ZIP | LAND O' LAKES, FL 34639 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

(813)929-9645

Daytime Phone #

ROBERT D. BROWN

CR2E034 (10/00)

0388607