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

DOCUMENT # N26954 1. Entity Name



FILED Feb 26, 2003 8:00 am Secretary of State
02-26-2003 90146 041 ****70.00

2. Principal Place of Business 3. Making Address City & State City &	DRUG FF	REE, INC.								
Surto, Apt. #, etc. Surto, Apt. #, etc.	RYAN"S RES	TAURANT	P.O. BOX 493451 LEESBURG FL 34748			1 1991/167 016 119	/B 41/16 1916) 21/11 6181 6161/1	11 2 3) 81 2 11 81811 81	0 (1 0 (9 (1)0 0)	
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E. Name and Address of Curriert Registered Agent E. Name and Address of Curriert Registered Agent 7. Name and Address of New Registered Agent 8. The above med entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, submits this state of Florida. I am familiar with, and accept the obligations of registered agent, submits the State of Florida. I am familiar with, and accept the obligations of registered agent, submits the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or bot	City & Sta	te	City & State	City & State				A	pplied For	
Street Address (PO Box Number is Not Acceptable) FLESHER, AMELIA R 1219 PALMETTO DR LADY LAKE FL 32159 City FL Zip Code 8. The above named chitly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DEFICIENT AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PROBERTSON, CUFFORD B SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS VOY LAKE FL 32159 WO LINE E MAGNOLIA AVE. DELIL, H C IDEL, H C	Zip Country		Zip	Zip Country				\$8.75 Ad	\$8.75 Additional	
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 Lam an officer or director	2. I hereby c	ertify that the information supplied with	this filing does not qualify fo	or the exemption	on stated in Sec	ation 119.07(3)(i), Flori	da Statutes. I further ce	rtify that the in	formation	

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: AHELIANRAFLEISHERO OLTHELO.