

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37756

1. Entity Name

D.K. ROBERTS, II MEMORIAL FUND, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90028 023 ****61.25

Principal Place of Business Mailing Address
 DIMITRIJE ZORAVKOVICH ZDRAYKOVICH
 3955 BERLIN DRIVE 3955 BERLIN DRIVE
 SARASOTA FL 34233 SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0215846		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZDRAYKOVICH, DIMITRIJE 3955 BERLIN DRIVE SARASOTA FL 34233				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 _____ (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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, FRANK	NAME	
STREET ADDRESS	1479 TANGER WAY TANGIER WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZDRAYKOVICH, DIMITRIJE	NAME	
STREET ADDRESS	3955 BERLIN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, HELENE	NAME	
STREET ADDRESS	1479 TANGER WAY TANGIER WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINEAU, WM	NAME	
STREET ADDRESS	6907 STETSON ST CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242 34243	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Dimitrije Zdraykovich **SIGNATURE REQUIRED** ZDRAYKOVICH 3/31/00 941-924-2395
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)