

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N37756**

1. Entity Name

**D.K. ROBERTS, II MEMORIAL FUND, INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90025 028 \*\*\*\*61.25

Principal Place of Business

**DIMITRIJE ~~ZORAVKOVICH~~ ZDRAVKOVICH**  
**3955 BERLIN DRIVE**  
**SARASOTA FL 34233**

Mailing Address

**DIMITRIJE ~~ZORAVKOVICH~~ ZDRAVKOVICH**  
**3955 BERLIN DRIVE**  
**SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0215846**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZDRAVKOVICH, 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

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

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DRAKE, FRANK</b> <b>1479 TANGIER WAY</b> <b>SARASOTA FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZDRAVKOVICH, DIMITRIJE</b> <b>3955 BERLIN DRIVE</b> <b>SARASOTA FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRAKE, HELENE</b> <b>1479 TANGIER WAY</b> <b>SARASOTA FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRINEAU, WM</b> <b>6907 STETSON ST CIRCLE</b> <b>SARASOTA FL 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK T. DRAKE**

Date

**2/21/01**

Daytime Phone #

**941-955-3184**

CR2E037 (10/00)