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

Mailing Address

3955 BERLIN DRIVE

SARASOTA FL 34233

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

DIMITRIJE ZRAVKOVICH

DOCUMENT # **N37756**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

ZDRAVKOVICH, DIMITRIJE

the obligations of registered agent.

3955 BERLIN DRIVE SARASOTA FL 34233

Suite, Apt. #, etc.

City & State

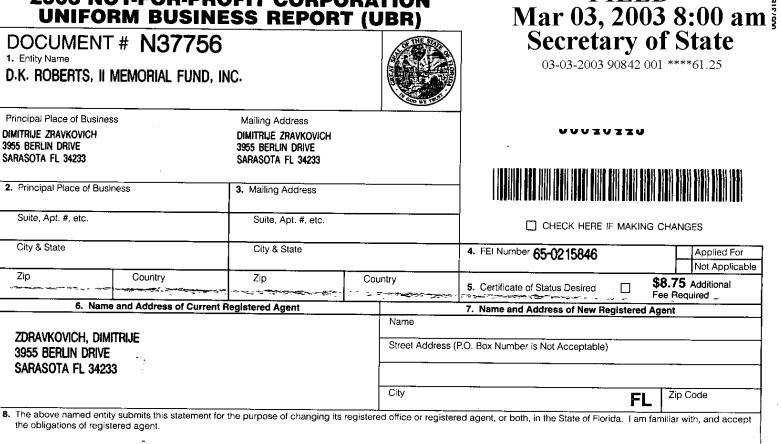
Zip

DIMITRIJE ZRAVKOVICH

3955 BERLIN DRIVE

SARASOTA FL 34233

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



FILED

SIGNATURE							
	Signature, typed or printed name of registered agent and title if appli	cable. (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 Florida Department of State		
10.	10. OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Drake, Frank 1479 Tangier Way Sarasota Fl. 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDRAVKOVICH, DIMITRIJE 3955 BERLIN DRIVE SARASOTA FLE 34233	☐ Delete	TITLE NAME STREET ADDRESS COTY-ST-ZIP	Stand & Species and we	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Drake, Helene 1479 Tangier Way Sarasota Fl 34239	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barrineau, WM 6907 Stetson St Circle Sarasota Fl 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ 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:

CR2E037 (10/02)