

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002486

1. Entity Name

CHILDREN DESERVE DRUG FREE AMERICA, INC.

Principal Place of Business

269 COUNTRY CLUB DR
SHALIMAR FL 32579

Mailing Address

269 COUNTRY CLUB DR
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3378319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE, SUITE 12
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name Kenneth H. Reiker

Street Address (P.O. Box Number is Not Acceptable)

269 Country Club Road

City Shalimar

FL

Zip Code

32579

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

Kenneth H. Reiker

Kenneth H. Reiker

3/29/01

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

TITLE PD
NAME REIKER, KENNETH H
STREET ADDRESS 269 COUNTRY CLUB DR.
CITY-ST-ZIP SHALIMAR FL ☐ Delete

TITLE D
NAME REIKER, TANA L
STREET ADDRESS 269 COUNTRY CLUB DRIVE
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

TITLE D
NAME REIKER, ANN
STREET ADDRESS 269 COUNTRY CLUB DRIVE
CITY-ST-ZIP SHALIMAR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Kenneth H. Reiker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth H. Reiker

Date

Daytime Phone #

850/
651-3260

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

04-04-2001 90141 016 *****61.25

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DO NOT WRITE IN THIS SPACE

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