

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

000879

DOCUMENT # N97000002405

1. Entity Name

DREAM-A-WISH, INC.

01-20-2001 90087 001 \*\*\*\*61.25

01-20-2001 90087 002 \*\*\*\*\*8.75

Principal Place of Business

123 FALL DR  
 PORT ORANGE FL 32119

Mailing Address

123 FALL DR  
 PORT ORANGE FL 32119

22490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

123 FALL DR

Suite, Apt. #, etc.

3. Mailing Address

123 FALL DR

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

Zip

32119

Country

USA

City & State

PORT ORANGE FL

Zip

32119

Country

USA

4. FEI Number

59-3436624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEISER, WOODROW  
 123 FALL DRIVE  
 PORT ORANGE FL 32119

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KEISER, WOODROW	
STREET ADDRESS	123 FALL DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAGLER, JAMES L	
STREET ADDRESS	3361 RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	IZZETTI, MARIO	
STREET ADDRESS	129 SEA ISLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUSZKIEWISZ, BARBARA	
STREET ADDRESS	708 DOVE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, LIZ	
STREET ADDRESS	5246 RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEISER, PATRICIA	
STREET ADDRESS	123 FALL DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		FAITH VAN PATTEN	
STREET ADDRESS		411 FALL DR	
CITY-ST-ZIP		PORT ORANGE FL 32119	
TITLE	D	JOHN R. MUISE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		15 SPRING DR.	
STREET ADDRESS		PORT ORANGE, FL. 32119	
CITY-ST-ZIP			
TITLE	D	MINISTERI, LOUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		140 ORCHID WOODS CT	
STREET ADDRESS		DELTONA, FL. 32725	
CITY-ST-ZIP			
TITLE	D/	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		IZZETTI, MARIO	
STREET ADDRESS		129 SEA ISLE	
CITY-ST-ZIP		SOUTH DAYTONA FL 32119	
TITLE	D/	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		JUSZKIEWICZ, BARBARA	
STREET ADDRESS		708 DOVE AVE.	
CITY-ST-ZIP		PORT ORANGE, FL 32119	
TITLE	D/	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		KEISER PATRICIA	
STREET ADDRESS		123 FALL DR	
CITY-ST-ZIP		PORT ORANGE, FL 32119	

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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-904-788-7071

CR2E037 (10/00)

Attachment  
D#N9700002405  
22490

# DREAM - A - WISH



**EVERY CHILD HAS A DREAM!**



1-9-01

TITLE: C

NAME: BOWERS, JOHN

ST.: 140 ORCHID WOODS CT.

STATE: DELTONA, FL 32725

✓ ADDITION

TITLE: C

NAME: CASCHETTA, ANITA

ST.: 313 DIRKSEN DR.

STATE: DEBARY, FL. 32713

✓ ADDITION

**WE MAKE DREAMS COME TRUE ONE CHILD AT A TIME**

Dream-A-Wish, 123 Fall Drive Port Orange Fl. 32119

Phone 1/904/788-7072 FAX: 904/304-4481