

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

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90164 004 \*\*\*\*61.25

**DOCUMENT # N98000001500**

1. Entity Name

**KEEPERS OF THE DREAM FOUNDATION, INC.**



Principal Place of Business

**7700 N KENDALL DRIVE  
SUITE 303  
MIAMI FL 33156-7559**

Mailing Address

**7700 N KENDALL DRIVE  
SUITE 303  
MIAMI FL 33156-7559**

2. Principal Place of Business

**9100 South Dadeland Blvd.**

3. Mailing Address

**9100 South Dadeland Blvd.**

Suite, Apt. #, etc.

**Suite 1408**

Suite, Apt. #, etc.

**Suite 1408**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33156-7816**

Country

**USA**

Zip

**33156-7816**

Country

**USA**

4. FEI Number **65-0876656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REINER, SAMUEL B II JR  
7700 N KENDALL DRIVE  
SUITE 303  
MIAMI FL 33156-7559**

7. Name and Address of New Registered Agent

Name **Samuel B. Reiner, II**

Street Address (P.O. Box Number is Not Acceptable)  
**9100 South Dadeland Boulevard**

**Suite 1408**

City  
**Miami**

FL

Zip Code  
**33156-7816**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Samuel B. Reiner, II**

**07/17/2003**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GETHERS, JOHN JR.**  
STREET ADDRESS **5730 PEMBROKE RD #10**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **VD** ☐ Delete  
NAME **WINTHROP, ROBERT**  
STREET ADDRESS **12824 SW 150TH TERR**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☐ Delete  
NAME **WARNER-BENSON, DOROTHY**  
STREET ADDRESS **11845 SW 103RD LANE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE** **Robert E. Winthrop**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert + Winthrop** **8/10/03** **305 389 7959**

CR2E037 (4/03)

0006377