

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003318**

1. Entity Name

US DREAM ACADEMY, INC.**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90031 046 ****61.25

Principal Place of Business

Mailing Address

**111 N. ORLANDO AVE.
WINTER PARK FL 32789****111 N. ORLANDO AVE.
WINTER PARK FL 32789-3675**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3514841Applied 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

**TRIMBLE, T L
111 N. ORLANDO AVE.
WINTER PARK FL 32789**

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 **VASD** ☐ Delete
NAME **WALLACE-BOOKER, C. DIANE**
STREET ADDRESS **7329 KERRY HILL CT.**
CITY-ST-ZIP **COLUMBIA MD 21045**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **PHIPPS, WINTLEY**
STREET ADDRESS **6428 FOUR FOOT TR.**
CITY-ST-ZIP **COLUMBIA MD 21045**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **WIESE, CALVIN**
STREET ADDRESS **185 SPRINGWOOD TR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **MING, H. MELVIN**
STREET ADDRESS **111 N. ORLANDO AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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, 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**Calvin W. Wiese****2/4/2000****407-975-1493**

Date

Daytime Phone #