

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90178 030 \*\*\*\*61.25

007 774

**DOCUMENT # N98000003318**

1. Entity Name

**US DREAM ACADEMY, INC.**

Principal Place of Business

111 N. ORLANDO AVE.  
 WINTER PARK FL 32789

Mailing Address

111 N. ORLANDO AVE.  
 WINTER PARK FL 32789

2. Principal Place of Business

6395 Dobbin Road,  
 Suite, Apt. #, etc.  
 202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Columbia, MD

City & State

Zip

21045

Country

U.S.A.

Zip

Country

4. FEI Number

59-3514841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VASD  
 WALLACE-BOOKER, C. DIANE  
 7329 KERRY HILL CT.  
 COLUMBIA MD 21045 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 PHIPPS, WINTLEY  
 6428 FOUR-FOOT-TR.  
 COLUMBIA MD 21045 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 WIESE, CALVIN  
 185 SPRINGWOOD TR.  
 ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 STD  
 MING, H. MELVIN  
 111 N. ORLANDO AVE.  
 WINTER PARK FL 32789 ☐ 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  
 Wallace Booker, C. Diane  
 7329 Kerry Hill Ct.  
 Columbia, MD 21045

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
 One Lincoln Plaza, 4th Floor  
 New York, NY 10023

TITLE  
 NAME  
 STREET ADDRESS  
 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:

C. Wallace Booker, President

1-23-01 410-772-7143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)