

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004909

1. Entity Name

AMERICAN DREAM MASTER HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

10650 HAVERFORD ROAD  
#4  
JACKSONVILLE FL 32218

Mailing Address

10650 HAVERFORD ROAD  
#4  
JACKSONVILLE FL 32218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DRURY, MARK A  
10650 HAVERFORD ROAD  
#4  
JACKSONVILLE FL 32218

D,

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  
DPS  
DRURY, MARK A  
10650 HAVERFORD ROAD, #4  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
PRINCE, RUTH  
10650 HAVERFORD ROAD, #4  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MILLER, KIMBERLY  
357 BERNARD RD  
JACKSONVILLE FL 32218 ☐ 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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NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark A. Drury

Date  
4/24/01

Daytime Phone #  
(904) 472-5045

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90365 001 \*\*\*\*23.33  
05-03-2001 90365 002 \*\*\*\*23.33  
05-03-2001 90365 003 \*\*\*\*23.34



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553505

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

CR2E037 (10/00)