# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001278

1. Entity Name

FIELD OF DREAMS FAMILY LIFE AND ENHANCEMENT SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -3 AM 10:17

| Principal Place of Business | Mailing Address |
|---|---|
| 365 S. DIXIE HWY<br>DEERFIELD BEACH FL.<br>33441-4626 | 365 S. DIXIE HWY<br>DEERFIELD BEACH FL.<br>33441-4626 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

08-24-00 90002 024 $70.00

4. FEI Number 31-1637929 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| | Name: ANTHONY T. PELT<br>Street Address (P.O. Box Number is Not Acceptable): 3840 LYONS ROAD, APT. 107<br>City: COCONUT CREEK FL Zip Code: 33073 |

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 _____ 6-26-01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RAMSEY, JONATHAN, JR<br>600 NW 46TH AVE<br>PLANTATION FL. | ☒ Delete | PD<br>PELT, ANTHONY T.<br>3840 LYONS RD. APT 107<br>COCONUT CK. FLA. 33073 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>STUBBS, CARROL B.<br>600 SW 14TH. CT.<br>DEERFIELD BEACH, FL. | ☒ Delete | SD<br>STUBBS, CARROL B.<br>600 SW 14TH COURT<br>DEERFIELD BEACH, FLORIDA 33441 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Turner, GUS<br>365 S. DIXIE HWY<br>DEERFIELD BEACH, FL. | ☒ Delete | TD<br>TURNER, GUS H.<br>3451 NE 15TH AVENUE<br>POMPANO BEACH, FLORIDA 33064 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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: Carrol B. Stubbs 20/Apr./2001 954-470-0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #