

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90014 049 \*\*\*150.00

00002352



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000079373**

1. Entity Name  
**DRS REALTY GROUP, INC.**

Principal Place of Business Mailing Address  
~~237 BURNING TREE DRIVE~~ ~~237 BURNING TREE DRIVE~~  
~~NAPLES FL 34105~~ ~~NAPLES FL 34105~~

2. Principal Place of Business 3. Mailing Address  
~~237 BURNING TREE DRIVE~~ **2415 AVONDALE ST.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **SAME** City & State **NAPLES FL.**  
Zip **34105** Country **COLLIER**

4. FEI Number **59-3672736** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent  
Name **DAVID McLooney**  
Street Address (P.O. Box Number is not Acceptable) **2200 50th ST. S.W.**  
City **NAPLES, FL** FL Zip Code **34116**

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 *David McLooney* DATE **1-4-2001**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLUM, SYDNEY E</b> <del>237 BURNING TREE DRIVE</del> <del>NAPLES FL 34105</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOBLEY, ROBERT</b> <del>237 BURNING TREE DRIVE</del> <del>NAPLES FL 34105</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELONEY, R. DAVID</b> <del>237 BURNING TREE DRIVE</del> <del>NAPLES FL 34105</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2415 AVONDALE ST.</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2415 AVONDALE ST.</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2415 AVONDALE ST.</b> <del>NAPLES FL 34112</del> <del>237 BURNING TREE DRIVE</del> <del>NAPLES FL 34105</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *R. E. Bleem* Date **1-4-2001**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)