

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90080 017 \*\*\*150.00

**DOCUMENT # P00000116594**

1. Entity Name

**DOUBLE EDGE ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

1803 SWANN AVE  
 ORLANDO FL 32809

1803 SWANN AVE  
 ORLANDO FL 32809

6729

2. Principal Place of Business

3. Mailing Address

3200 Arden Villas Blvd.

3200 Arden Villas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 23  
 City & State

Apt. 23  
 City & State

Orlando, FL.

Orlando, FL.

Zip  
 32817

Country

Orange

Zip  
 32817

Country

Orange

4. FEI Number

☒ 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

~~GALLOWAY, GREG~~  
~~200 UNIVERSAL PLAZA, BLDG 32, STE 601~~  
~~ORLANDO FL 32819~~

Name **DONNA L. DRAVES**

Street Address (P.O. Box Number is Not Acceptable)

**120 E Concord St**  
**Orlando**

City

FL

Zip Code

**32801**

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

*Donna L. Draves*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **BUTLER, COREY**  
 STREET ADDRESS **1803 SWANN AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☒ Change ☐ Addition  
 NAME **3200 Arden Villas Blvd, Apt. 23**  
 STREET ADDRESS **Orlando, FL 32817**  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **DRAKE, KENNETH J**  
 STREET ADDRESS **3200 ARDEN VILLAS BLVD, APT 23**  
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition  
 NAME **3200 Arden Villas Blvd, Apt. 23**  
 STREET ADDRESS **Orlando, FL 32817**  
 CITY-ST-ZIP

TITLE **V** ☒ Delete  
 NAME **MCSOLUIM, LEE ANNE**  
 STREET ADDRESS **1803 SWANN AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☒ Change ☐ Addition  
 NAME **MCSOLUIM, LEE ANNE**  
 STREET ADDRESS **1803 SWANN AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-25-01**

Date

Daytime Phone #

CR2E034 (10/00)