

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054456

1. Entity Name

DREAM STITCHERS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90085 007 \*\*\*150.00

Principal Place of Business

436 E. FIFTH AVENUE  
MOUNT DORA FL 32757

Mailing Address

436 E. FIFTH AVENUE  
MOUNT DORA FL 32757-5663

2. Principal Place of Business

141 N. Highland  
Suite, Apt. #, etc.

3. Mailing Address

141 N. Highland  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MT. DORA, FL  
Zip 32757 Country LAKE

City & State

MT. DORA, FL  
Zip 32757 Country LAKE

4. FEI Number

59-3324712

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARDONE, CLAIRE  
4625 SLOEWOOD DRIVE  
MOUNT DORA FL 32755

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

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, 2000 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 PD  
NAME NARDONE, CLAIRE  
STREET ADDRESS 4625 SLOEWOOD DRIVE  
CITY-ST-ZIP MOUNT DORA FL 32757

☐ Delete

TITLE VD  
NAME KNIEPKAMP, CAROL  
STREET ADDRESS 7010 HARBOR VIEW DRIVE  
CITY-ST-ZIP -- LEESBURG FL 34788

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME KNIEPKAMP, CAROLE  
STREET ADDRESS 7010 HARBOR VIEW DRIVE  
CITY-ST-ZIP -- LEESBURG, FL 34788

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Addition

Note:  
Correction  
in Spelling  
of Carole

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

Information  
director  
block 12 if

SIGNATURE: Carole Kniepkamp CAROLE KNIEPKAMP 5/22/00 352/755-4438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)