

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91618 044 ***150.00

DOCUMENT # P95000075294

1. Entity Name
DREW'S DREAM, INC.

Principal Place of Business

**3250 MARY ST
 SUITE 100
 COCONUT GROVE FL 33133
 US**

Mailing Address

**3250 MARY ST
 SUITE 100
 COCONUT GROVE FL 33133
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0617857

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHATZMAN, ROBERT A
 2601 S BAYSHORE DR
 SUITE 1600
 COCONUT GROVE FL 33133**

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, 2002 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 PD ☐ Delete
NAME DAVIS, PAUL H
STREET ADDRESS 5821 SAN AMARO DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 30 Rydalwood Lane
CITY-ST-ZIP Maryland Hills, Ohio 44022

TITLE VST ☐ Delete
NAME DAVIS, TAMMY
STREET ADDRESS 5821 SAN AMARO DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 30 Rydalwood Lane
CITY-ST-ZIP Maryland Hills, Ohio 44022

TITLE AS ☐ Delete
NAME FREEMAN, LEWIS B.
STREET ADDRESS 3250 MARY STREET SUITE 103
CITY-ST-ZIP COCONUT GROVE FL

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
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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

Date

Daytime Phone #

CR2E034 (9/01)