

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076341

1. Entity Name

DREAM TEAM MANAGEMENT COMPANY, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90003 012 ***150.00

Principal Place of Business

Mailing Address

5339 TWIN CREEKS DRIVE
VALRICO FL 33594

552 RITCHIE HWY I
SEVERNA PARK MD 21146-2925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3405095

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

COCKRILL, CHARLES
5339 TWIN CREEKS DRIVE
VALRICO FL 33594

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN H	
STREET ADDRESS	204 AVONDALE CIRCLE	
CITY-ST-ZIP	SEVERNA PARK MD 21146	
TITLE	D	<input type="checkbox"/> Delete
NAME	COCKRILL, CHARLES	
STREET ADDRESS	5339 TWIN CREEKS DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

President
Charles Cockrill

04/15/00

(410) 647-0067