

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000101857**

1. Entity Name

DRC DEVELOPMENT CORP.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90100 048 ***150.00

Principal Place of Business

**19800 VETERANS BLVD
PORT CHARLOTTE FL 33954**

Mailing Address

**1650 W. MARION AVE
#133
PUNTA GORDA FL 33950-5298**

2. Principal Place of Business

3. Mailing Address
DRC DEVELOPMENT CORP.**P.O. BOX 6008**

Suite, Apt. #, etc.

PT. CHARLOTTE, FL 33949-6008

City & State

City & State

4. FEI Number

65-0746478Applied For
Not Applied

Zip

Country

Zip

Country

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

**SMITH, RAYMOND J
2164 HARBOR DR
PORT CHARLOTTE FL 33954**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **SMITH, RAYMOND J**
CITY-ST-ZIP **2164 HARBOR DR.
PORT CHARLOTTE FL 33954**TITLE ☒ Delete
NAME **DVST**
STREET ADDRESS **GROSSMAN, CATHIE**
CITY-ST-ZIP **1650 W. MARION AVE #133
PUNTA GORDA FL 33950**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **D.V.**
STREET ADDRESS **Cathie Grossman**
CITY-ST-ZIP **Southwind
1650 W. Marion Ave. Apt. 133
Punta Gorda, FL 33950**TITLE ☐ Change ☒ Addition
NAME **S.T.**
STREET ADDRESS **DARLEED WOLFF**
CITY-ST-ZIP **1250 W. MARION AVE #243
PUNTA GORDA, FLA. 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

1-18-00 941 2551?