

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90181 020 \*\*\*150.00

0013764 AI

DOCUMENT # P96000101857

1. Entity Name  
DRC DEVELOPMENT CORP.

Principal Place of Business  
18380 PAULSON DRIVE  
UNIT C-1  
FORT CHARLOTTE FL 33953

Mailing Address  
P.O. BOX 6008  
PORT CHARLOTTE FL 33949-6008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
119 GRAMHAM ST SW  
Suite, Apt. #, etc.  
PORT CHARLOTTE FL  
City & State  
33952  
Zip  
Country

3. Mailing Address  
P.O. Box 496086  
Suite, Apt. #, etc.  
PORT CHARLOTTE FL  
City & State  
33952  
Zip  
Country

4. FEI Number 65-0746478  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SMITH, RAYMOND J  
7173 N.W. CR 769  
ARCADIA FL 34269

7. Name and Address of New Registered Agent  
Name  
SMITH, RAYMOND J.  
Street Address (P.O. Box Number is Not Acceptable)  
6350 RIVERSIDE DR  
PUNTA GORDA FL 33950  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
CATHIE GROSSMAN DV. Cathie Grossman VP 2/6/02  
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	DP	<input type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RAYMOND J			NAME	SMITH, RAYMOND J		
STREET ADDRESS	7173 S.W. CR 769			STREET ADDRESS	6350 RIVERSIDE DR		
CITY-ST-ZIP	ARCADIA FL 34269			CITY-ST-ZIP	P.O. FL. 33950		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, CATHIE			NAME	GROSSMAN, CATHIE		
STREET ADDRESS	1850 W. MARION AVE #133			STREET ADDRESS	119 GRAMHAM ST SW		
CITY-ST-ZIP	PUNTA GORDA FL 33950			CITY-ST-ZIP	PC FL. 33952		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ST.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFF, DARLEEN			NAME	SAME		
STREET ADDRESS	1250 W MARION AVE #243			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: CATHIE GROSSMAN DV. Cathie Grossman VP 2/6/02 941 625-5602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034/9/01