

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106551

1. Entity Name

DAWSON MANAGERS, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90108 030 \*\*\*150.00

Principal Place of Business

Mailing Address

12900 LAKEVIEW POINT COURT  
WINDERMERE FL 34786

12900 LAKEVIEW POINT COURT  
WINDERMERE FL 34786-5800

2. Principal Place of Business

3. Mailing Address

2 N. Tamiami Trail

2 N. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#608

#608

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34236

USA

34236

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483513

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

SIMMONS, CLEAIOUS J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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 ☒ Delete  
NAME DAWSON, FREDERICK M  
STREET ADDRESS 12900 LAKEVIEW POINT COURT  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS RIEHEMANN, WALTER E.  
CITY-ST-ZIP 7090 WILD HORSE CIRCLE  
SARASOTA FL 34241

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS WALTER E. RIEHEMANN  
CITY-ST-ZIP 11515 Clubhouse Dr.  
Bradenton, FL 34202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS MAREN Dawson  
CITY-ST-ZIP 12900 Lakeview Point Court  
WINDERMERE, FL 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Michael A. Schroeder  
CITY-ST-ZIP 271 Buckingham Road  
Rocky River, OH 44116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

5/20/00 (941) 566-5015

0.14 (1/99)