

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024814

1. Entity Name

DREAM TOGETHER, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90034 006 ***150.00

Principal Place of Business

Mailing Address

334 EAST LAKE ROAD
SUITE 345
PALM HARBOR FL 34685334 EAST LAKE ROAD
SUITE 345
PALM HARBOR FL 34685-2427

639095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

213 N. Belcher Road
Suite, Apt. #, etc.213 N. Belcher RD.
Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Clearwater FL

4. FEI Number

65-0910394

Applied For

Not Applicable

Zip

Country

33765

USA

Zip

Country

33765

USA

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

Name

T.J. CARRIGAN + CO. INC

Street Address (P.O. Box Number is Not Acceptable)

11282 W. Hillsborough Ave

City

TAMPA

FL

Zip Code

33635

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PSD	HAYEK, ANN M	334 EAST LAKE ROAD	PALM HARBOR FL 34685	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD	HAYEK, JAMES A	334 EAST LAKE ROAD	PALM HARBOR FL 34685	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JAMES A. HAYEK

Date

4/12/00

Daytime Phone #

727-796-9600

CR2E034 (9/99)