

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

001 174

**DOCUMENT # N98000003318**

1. Entity Name

**US DREAM ACADEMY, INC.**

02-01-2001 90178 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

111 N. ORLANDO AVE.  
 WINTER PARK FL 32789

111 N. ORLANDO AVE.  
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

**6395 Dobbin Road,**

Suite, Apt. #, etc.

**202**

Suite, Apt. #, etc.

City & State

**Columbia, MD**

City & State

Zip

**21045**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**59-3514841**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, T L**  
 111 N. ORLANDO AVE.  
 WINTER PARK FL 32789

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VASD	WALLACE-BOOKER, C. DIANE	7329 KERRY HILL CT.	COLUMBIA MD 21045	<input type="checkbox"/>	✓	Wallace Booker, C. Diane	7329 Kerry Hill Ct.	Columbia, MD 21045	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	PHIPPS, WINTLEY	6428 FOUR-FOOT-TR.	COLUMBIA MD 21045	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WIESE, CALVIN	185 SPRINGWOOD TR.	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	MING, H. MELVIN	111 N. ORLANDO AVE.	WINTER PARK FL 32789	<input type="checkbox"/>			One Lincoln Plaza, 4th Floor	New York, NY 10023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Stanton  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01 410-772-7143  
 Date Daytime Phone #

CR2E037 (10/00)