

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90016 031 \*\*\*150.00

**DOCUMENT #** P97000064822

**1. Entity Name**  
 REBECCA DREAM HOMES, INC.

**Principal Place of Business**  
 1812 CORAL CIR  
 NORTH FT. MYERS, FL 33903

**Mailing Address**  
 1812 CORAL CIR  
 NORTH FT. MYERS, FL 33903

**2. Principal Place of Business**  
 3335 SE 17th PLACE

**3. Mailing Address**  
 3335 SE 17th PLACE

Suite, Apt. #, etc.

**City & State**  
 CAPE CORAL

**City & State**  
 CAPE CORAL

**Zip** 33904 **Country** FLORIDA

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**4. FEI Number**  
 65-0810117

**Applied For**  
 Not Applicable

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

00052691

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 SCHELLBACH, MONIKA  
 1812 CORAL CIR  
 NORTH FT. MYERS, FL 33903

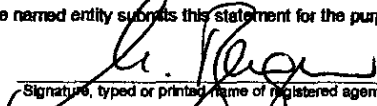
**7. Name and Address of New Registered Agent**

**Name**  
 MICHAELA BERGMANN c/o MHB HOMESERVICE, INC.

**Street Address (P.O. Box Number is Not Acceptable)**  
 2712 SW 42nd LANE

**City** CAPE CORAL **FL** **Zip Code** 33914

**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**  **MICHAELA BERGMANN** **3/28/2000**  
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.**  **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$450.00 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**

<b>TITLE</b>	DPST	<input type="checkbox"/> Delete
<b>NAME</b>	TRABER-DINNENDAHL, KAROLA	
<b>STREET ADDRESS</b>	HERZOGSTR. 13	
<b>CITY - ST - ZIP</b>	LEVERKUSEN, 51379, GERMANY	
<b>TITLE</b>	VS	<input type="checkbox"/> Delete
<b>NAME</b>	DINNENDAHL, BERND	
<b>STREET ADDRESS</b>	HERZOGSTR. 13	
<b>CITY - ST - ZIP</b>	LEVERKUSEN, 51379, GERMANY	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **BERND DINNENDAHL** **3/28/2000** **941-945-0621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)