

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 385232**1. Entity Name
DEERING DEVELOPMENT CO.

Principal Place of Business	Mailing Address
1626-90TH AVE.	1626-90TH AVE.
BOX 370	BOX 370
VERO BEACH FL	VERO BEACH FL
329617370	329617370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1371057

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**RICHARDSON DANFORTH K**
1626-90TH AVE.**VERO BEACH**
32966

US

FL

7. Name and Address of New Registered Agent

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)

04/23/2001

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, 2001 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	ATS	<input type="checkbox"/> Delete
NAME	RUST GARY M	
STREET ADDRESS	405- 33RD AVE SW	
CITY-ST-ZIP	VERO BCH FL 32962	

TITLE	ATS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST GARY M	
STREET ADDRESS	405- 33RD AVE SW	
CITY-ST-ZIP	VERO BCH FL 32968	

TITLE	TS	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BCH FL	

TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BCH FL 32960	

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BCH FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BCH FL 32963	

TITLE	CD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 - 28TH AVE	
CITY-ST-ZIP	VERO BCH FL 32962	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 - 28TH AVE	
CITY-ST-ZIP	VERO BCH FL 32960	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: TOMAS RENE PEREZ

TS

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)