

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90204 006 \*\*\*150.00

0129446 AV

**DOCUMENT # 385232**

1. Entity Name

DEERING DEVELOPMENT CO.

Principal Place of Business

1626-90TH AVE.  
 BOX 370  
 VERO BEACH FL 32961-7370

Mailing Address

1626-90TH AVE.  
 BOX 370  
 VERO BEACH FL 32961-7370

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

7. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/12/02*

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 - 28TH 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 32963	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	ATS	<input type="checkbox"/> Delete
NAME	RUST, GARY M	
STREET ADDRESS	405- 33RD AVE SW	
CITY-ST-ZIP	VERO BCH FL 32968	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/02*  
 Date

*772-567-1157*  
 Daytime Phone #

CR2E034 (9/01)