

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90027 001 \*\*\*300.00

9756



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H79218**

1. Entity Name

**DERRAN CORP.**

Principal Place of Business

Mailing Address

112 LAKE SHORE DRIVE  
 NORTH PALM BEACH FL 33408  
 US

112 LAKE SHORE DRIVE  
 NORTH PALM BEACH FL 33408-3685  
 US

2. Principal Place of Business

3. Mailing Address

5200 NORTH OCEAN DRIVE

5200 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SINGER ISLAND, FL.

City & State

SINGER ISLAND, FL.

Zip

Country

33404

Zip

Country

33404

4. FEI Number

59-2582920

Applied For

Not Applicable

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

DELEO, RALPH J  
 112 LAKE SHORE DRIVE  
 NORTH PALM BEACH FL 33408

Name **DELEO, RALPH J.**  
 Street Address (P.O. Box Number is Not Acceptable)

5200 NORTH OCEAN DRIVE

City SINGER ISLAND

FL

Zip Code

33404

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 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 DP  
 NAME DELEO, RALPH J. ☒ Delete  
 STREET ADDRESS 12 ASPETUCK AVE  
 CITY-ST-ZIP NEW MILFORD CT

TITLE DP  
 NAME DELEO, RALPH J. ☒ Change ☐ Addition  
 STREET ADDRESS 5200 NORTH OCEAN DRIVE  
 CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE D  
 NAME DELEO III, RALPH J. ☐ Delete  
 STREET ADDRESS 12 ASPETUCK AVE  
 CITY-ST-ZIP NEW MILFORD CT

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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

2-18-10

Date

860-354930

Daytime Phone #

CR2E034 (9/99)