

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025795 AF

**DOCUMENT # L97000000769**

1. Entity Name  
**DRANT INTERNATIONAL LLC**

FILED

01 APR 25 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1220 N. MARKET ST., SUITE 606  
WILMINGTON DE 19801  
OC**

Mailing Address  
**1220 N. MARKET ST., SUITE 606  
WILMINGTON DE 19801  
OC**



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 **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** 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

**CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BOULEVARD, #211  
PALM BEACH GARDENS FL 33418**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **GRASSICK, JAMES W**  
STREET ADDRESS **LA COLLINETTE**  
CITY-ST-ZIP **SARK, CHANNEL ISLANDS**

TITLE **600004162856** ☐ Addition  
NAME **-05/08/01--01098--001**  
STREET ADDRESS **\*\*\*2950.00**  
CITY-ST-ZIP **\*\*\*\*\*50.00**

TITLE **MGR** ☐ Delete  
NAME **CROSHAW, PHILIP M**  
STREET ADDRESS **THE AVENUES**  
CITY-ST-ZIP **SARK, CHANNEL ISLANDS**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James W. Grassick* *Tam M. Braccio* 4/23/01 302-421-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)