

4/17

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90159 004 \*\*\*\*66.25

**DOCUMENT # N00000003281**

1. Entity Name

**DERAGON FAMILY FOUNDATION, INC.**

Principal Place of Business

5387 CHAMPIONSHIP CUP LANE  
BROOKSVILLE FL 34609

Mailing Address

5387 CHAMPIONSHIP CUP LANE  
BROOKSVILLE FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3657116

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

Name

BUTTEL, LONG (A PROF. CORP.) ATT. JOHN J. RAYMOND, JR.

Street Address (P.O. Box Number is Not Acceptable)

1200 NORTH FEDERAL HWY SUITE 420

City

BOCA RATON

FL

Zip Code

33432

BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 N. LAURA STREET  
SUITE 3100 - BARNETT CENTER  
JACKSONVILLE FL 32202

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

*John J. Raymond, Jr.*

Attorney John J. Raymond, Jr. 05/04/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☒**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DERAGON, MARY E	
STREET ADDRESS	5387 CHAMPIONSHIP CUP LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	KELSO, LAURA A	
STREET ADDRESS	5387 CHAMPIONSHIP CUP LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERS, SANDRA	
STREET ADDRESS	5387 CHAMPIONSHIP CUP LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DERAGON, KENNETH J	
STREET ADDRESS	5387 CHAMPIONSHIP CUP LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

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		

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Daytime Phone #

CR2E037 (10/00)