

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90179 007 \*\*\*\*61.25

**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

**NEW  
ADDRESS**

**Ken & Eileen Deragon  
11527 Savannah Lakes Dr  
Parrish FL 34219**

3. Mailing Address

**NEW  
ADDRESS**

**Ken & Eileen Deragon  
11527 Savannah Lakes Dr  
Parrish FL 34219**



☒ CHECK HERE IF MAKING CHANGES

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

**BOTZEL LONG (A PROF. CORP)  
ATTN: JOHN PHILACANI  
1200 NORTH FEDERAL HWY, STE 420  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>DERAGON, MARY E</b>	
STREET ADDRESS	<b>5387 CHAMPIONSHIP CUP LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KELSO, LAURA A</b>	
STREET ADDRESS	<b>5387 CHAMPIONSHIP CUP LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, SANDRA</b>	
STREET ADDRESS	<b>5387 CHAMPIONSHIP CUP LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DERAGON, KENNETH J</b>	
STREET ADDRESS	<b>5387 CHAMPIONSHIP CUP LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34609</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Kenneth J Deragon*

4/2/03

941-776-1923

CR2E037 (10/02)