

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21501

1. Entity Name
FUTURES, Inc.

Principal Place of Business
c/o Theodore Doran
444 Seabreeze Blvd Ste 800
Daytona Bch, FL 32118-3953

Mailing Address
c/o FUTURES
POB 2118
Deland, FL 32721

2. Principal Place of Business

3. Mailing Address
FUTURES, Inc
POB 2118

Suite, Apt. #, etc.

City & State
Daytona Bch FL

City & State
Deland FL

Zip
32721

Country
Volusia

FILED
00 JUL 31 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Theodore Doran
444 Seabreeze Blvd
Ste 800
Daytona Bch FL 32118

7. Name and Address of New Registered Agent

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 _____
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: ☐ **FILE NOW!!! FEE IS \$61.25**
After May 4, 2000 Fee will be \$5.00
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	Director	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Doran		NAME	Ted Doran	
STREET ADDRESS	444 Seabreeze Blvd Ste 800		STREET ADDRESS	444 Seabreeze Blvd Ste 800	
CITY-ST-ZIP	Daytona Bch FL 32118		CITY-ST-ZIP	Daytona Bch FL	
TITLE	Director	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd Collins		NAME	Lloyd Collins	
STREET ADDRESS	120 S. Ridgewood Ave		STREET ADDRESS	120 S. Ridgewood Ave	
CITY-ST-ZIP	Daytona Bch FL 32114		CITY-ST-ZIP	Daytona Bch FL 32114	
TITLE	Director	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Butera		NAME	Beth Butera	
STREET ADDRESS	117 Morning Dove Cr		STREET ADDRESS	117 Morning Dove Cr	
CITY-ST-ZIP	Daytona Bch FL 32119		CITY-ST-ZIP	Daytona Bch FL 32119	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Beth Butera **7/26/00 255675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 84505

CR2E034 (9/99)