

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 031 ****70.00

DOCUMENT # N96000000635

1. Entity Name

DEERFIELD BEACH FOUNDER'S DAYS, INC.

Principal Place of Business

**325 SE 3RD TERR
 DEERFIELD BEACH FL 33441**

Mailing Address

**414 NE 2ND ST
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1000464

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

**DERIAN, WILLIAM V
 414 NE 2ND ST
 DEERFIELD BEACH FL 33441**

**NEW
 ADDRESS**

Name **WILLIAM V. DERIAN**

Street Address (P.O. Box Number is Not Acceptable)
1962 NE 6TH ST -3B-

City **DEERFIELD BEACH, FL** Zip Code **33441**

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

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **NOLAND, MARGARET**
 CITY-ST-ZIP **325 SE 3RD TERR
 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **DERIAN, WILLIAM**
 CITY-ST-ZIP **414 NE 2ND AVE
 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME **SDT**
 STREET ADDRESS **HASSON, SUE**
 CITY-ST-ZIP **531 SE 4TH ST
 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **MILLER, PAT**
 CITY-ST-ZIP **3180 SW 34 AVE
 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **DERIAN, WILLIAM**
 STREET ADDRESS **1962 NE 6TH ST -3B**
 CITY-ST-ZIP **DEERFIELD BEACH, (PMT 33441)**

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

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

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

TITLE ☐ Change ☐ 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

7/20/01 754 427-8808

0010323

CR2E037 (5/01)