

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **DEERFIELD BEACH**
 1. Entity Name **FOUNDER'S DAYS, INC.**
N96000000635

FILED

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Principal Place of Business **325 SE 3rd Terr**
Deerfield Beach FL 33441
 Mailing Address **414 NE 2nd St**
Deerfield Beach FL 33441

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business **150 NE 2nd Av**
 Suite, Apt. #, etc.
 3. Mailing Address **150 NE 2nd Av**
 Suite, Apt. #, etc.

2001 AMENDED UBR

City & State **Deerfield Bch FL**
 Zip **33441** Country **USA**
 City & State **Deerfield Beach FL**
 Zip **33441** Country **USA**

4. FEI Number **651000464**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
William V. Derian
414 NE 2nd St
Deerfield Bch FL 33441

7. Name and Address of New Registered Agent
 Name **Peggy Noland**
 Street Address (P.O. Box Number is Not Acceptable) **150 N.E. 2nd Ave**
 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 **Peggy Noland** **7/20/01**
 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
 TITLE **CD** ☐ Delete
 NAME **Noland, Margaret**
 STREET ADDRESS **325 SE 3 Ter**
 CITY-ST-ZIP **Deerfield Beach FL 33441**
 TITLE **PD** ☒ Delete
 NAME **DERIAN, WILLIAM**
 STREET ADDRESS **414 NE 2ND AV**
 CITY-ST-ZIP **Deerfield Beach FL 33441**
 TITLE **SDT** ☐ Delete
 NAME **HASSON, SUE**
 STREET ADDRESS **531 SE 4 ST**
 CITY-ST-ZIP **Deerfield Beach FL 33441**
 TITLE **VPD** ☐ Delete
 NAME **MILLER, PAT**
 STREET ADDRESS **3180 SW 34 AV**
 CITY-ST-ZIP **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 **PD** ☒ Change ☒ Addition
 NAME **MACKAY, DAVID**
 STREET ADDRESS **1560 NE 31 ST CT**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**
 TITLE ☐ Change ☐ Addition
 NAME **300004549303**
 STREET ADDRESS **08/22/01--01080--016**
 CITY-ST-ZIP *******61.25 *****61.25**
 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 **David Mackay** **7/20/01** **954 786 2599**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (11/00)