

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027711

1. Entity Name

ACORN DERIVATIVES MANAGEMENT CORP.

Principal Place of Business

1218 OCEAN DUNES CIR
JUPITER FL 33477

Mailing Address

86 MONTROSE POINT RD
MONTROSE NY 10548-1238

2. Principal Place of Business

29-107 VISTA GARDEN TRAIL
Suite, Apt. #, etc.

3. Mailing Address

ONE BARKER AVENUE
Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

WHITE PLAINS NY

Zip

32962

Country

USA

Zip

10601

Country

USA

4. FEI Number

13-3716440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMPERMAN, WILLIAM
1218 OCEAN DUNES CIR
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

WILLIAM O. MELVIN JR

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

29-107 VISTA GARDEN TRAIL

City

VERO BEACH

FL

Zip Code

32962

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

Monclif

WILLIAM O. MELVIN JR

4-13-00

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000: Fee will be \$550.00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM J. KAMPERMAN,	
STREET ADDRESS	86 MONTROSE POINT ROAD	
CITY-ST-ZIP	MONTROSE NY 10548	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MELVIN, WILLIAM O JR.	
STREET ADDRESS	14 ROCKLEDGE ROAD	
CITY-ST-ZIP	SCARBOROUGH MANOR NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTA S BOYLE	
STREET ADDRESS	56 MOUNTAINVIEW DRIVE	
CITY-ST-ZIP	BROOKFIELD CT 06804	
TITLE	V5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW GREELEY	
STREET ADDRESS	786 PALMER ROAD 3-D	
CITY-ST-ZIP	BRONXVILLE NY 10708	
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		
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:

Roberta S Boyle

ROBERTA S BOYLE, VP

4/6/2000

914-949-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X-13

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 015 ***150.00