

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070027

1. Entity Name

DEERWOOD PLACE CORPORATION

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90074 043 \*\*\*150.00

Principal Place of Business

Mailing Address

12515 N. KENDALL DRIVE  
SUITE 430  
MIAMI FL 33186

Our Address Has Changed:  
GANNON MANAGEMENT COMPANY  
11030 N Kendall Dr. Ste 200  
Miami, FL 33176

12515 N. KENDALL DRIVE  
SUITE 430  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0440540

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

FIELD, SYBIL COLEMAN  
12515 N. KENDALL DRIVE, SUITE 430  
SUITE 430  
MIAMI FL 33186

Our Address Has Changed:  
GANNON MANAGEMENT COMPANY  
11030 N Kendall Dr. Ste 200  
Miami, FL 33176

Name Sybil C. Field

Street Address (P.O. Box Number is Not Acceptable)  
11030 North Kendall Drive, Suite 200

City Miami

FL

Zip Code 33176

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, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAM E. FRANKE	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENE, ROBERT P	
STREET ADDRESS	12515 NO. KENDALL DRIVE, SUITE 430	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEYGANDT, DAVID W	
STREET ADDRESS	12515 NORTH KENDALL DRIVE, SUITE 430	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PABST, TERRY L	
STREET ADDRESS	12515 NORTH KENDALL, SUITE 43A	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Franke	
STREET ADDRESS	11030 North Kendall Drive, Suite 200	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Greene	
STREET ADDRESS	11030 North Kendall Drive, Suite 200	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. Weygandt	
STREET ADDRESS	11030 North Kendall Drive	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troy W. Gordon	
STREET ADDRESS	11030 N. Kendall Drive, Suite 200	
CITY-ST-ZIP	Miami, FL 33176	
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:

SIGNATURE REQUIRED

4-20-00

305-596-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)