

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072853

1. Entity Name

THE DEER STAND, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90113 043 ***150.00

Principal Place of Business

Mailing Address

~~24 SOUTH MAIN ST.~~
ALACHUA FL 32615

PO BOX 1928
ALACHUA FL 32616-1928
US

C0038258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14322 MAIN ST.

3. Mailing Address

1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3204853

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

STORMANT, JOHN F
7225 NW 126TH PL
ALACHUA FL 32615

Name

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

14319 NW 140 ST.

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.
(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 **P** ☐ Delete
NAME **STORMART, JOHN F**
STREET ADDRESS **7225 NW 126TH PL**
CITY-ST-ZIP **ALACHUA FL 32615**

☒ Change ☐ Addition
TITLE **14319 NW 140 ST.**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HARRELL, GLENN A**
STREET ADDRESS **7518 NW 126TH AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)