2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90293 046 ***158.75

DOCUMENT # P94000047569

1. Entity Name
DERUBERTIS SOFTWARE SYSTEMS, INC

Principal Place of Business
3300 EVENTIDE PLACE
STUART, FL 34994

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
109 MAIN STREET
Suite, Apt. #, etc.
City & State
WINDERMERE, FL
Zip 34761
Country

3. Mailing Address
←
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0548265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL DERUBERTIS
3300 EVENTIDE PLACE
STUART, FL 34994

7. Name and Address of New Registered Agent

Name PATRICIA UHL DERUBERTIS
Street Address (P.O. Box Number is Not Acceptable) 109 MAIN STREET
City WINDERMERE FL Zip Code 34761

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 Patricia Uhl DeRubertis PATRICIA UHL DERUBERTIS 5/21/01
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!! After MAY 1, 200 Fee will be $550.00 Make Check Payabl to Department of State
FEE IS $150.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PATRICIA UHL DERUBERTIS 109 MAIN STREET WINDERMERE, FL 34761	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (DECEASED) MICHAEL PAUL DERUBERTIS 3300 EVENTIDE PLACE STUART, FL 34994	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Patricia Uhl DeRubertis PATRICIA UHL DERUBERTIS 800-441-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/21/01 Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

Attachment DEC # P94000074569

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. C0070355

Field	Entry
1. Decedent's Name (First, Middle, Last)	MICHAEL PAUL De RUBERTIS
2. Sex	MALE
3. Date of Death (Month, Day, Year)	October 4, 2000
4. Social Security Number	488-46-3230
5a. Age-Last Birthday (Years)	56
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Month, Day, Year)	October 22, 1943
7. Birthplace (City and State or Foreign Country)	KANSIS CITY, MISSOURI
8. Was Decedent Ever in U.S. Armed Forces? (Yes or No)	NO
9a. Place of Death	HOSPITAL: __ Inpatient __ ER/Outpatient __ DOA; OTHER: __ Nursing Home X Residence __ Other (Specify)
9b. Inside City Limits? (Yes or No)	NO
9c. Facility Name (If not institution, give street and number)	3300 EVENTIDE PLACE
9d. City, Town, or Location of Death	STUART
9e. County of Death	ST. LUCIE
10a. Decedent's Usual Occupation	CONSULTANT
10b. Kind of Business/Industry	COMPUTER
11. Marital Status — Married, Never Married, Widowed, Divorced (Specify)	MARRIED
12. Surviving Spouse (If wife, give maiden name)	PATRICIA UHL
13a. Residence — State	FLORIDA
13b. County	ST. LUCIE
13c. City, Town, or Location	STUART
13d. Street and Number	3300 EVENTIDE PLACE
13e. Inside City Limits? (Yes or No)	NO
13f. Zip Code	34994
14. Was Decedent of Hispanic or Haitian Origin?	No
15. Race — American Indian, Black, White, etc. (Specify)	WHITE
16. Decedent's Education (Specify only highest grade completed)	College (1-4 or 5+): 5+
17. Father's Name (First, Middle, Last)	ALBERT P. De RUBERTIS
18. Mother's Name (First, Middle, Maiden Surname)	ALMA D. HALL
19a. Informant's Name (Type/Print)	PATRICIA De RUBERTIS
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3300 EVENTIDE PLACE, STUART, FLORIDA 34994
20a. Method of Disposition	__ Burial X Cremation __ Removal from State __ Donation __ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	ALL COUNTY CREMATORY
20c. Location — City or Town, State	LAKE WORTH FLORIDA
21a. Signature of Funeral Service Licensee or Person Acting as Such	Paul Walty [signature]
21b. License Number (of Licensee)	4450
21c. Name and Address of Facility	ALL COUNTY FUNERAL HOME & CREMATORY 1010 N.W. FEDERAL HWY. STUART, FLORIDA 34994
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)	M. Kung MD [signature]
22b. Date Signed (Mo., Day, Yr.)	10/5/2000
22c. Hour of Death	4:20 AM
22d. Name of Attending Physician if Other Than Certifier	
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)	
23b. Date Signed (Mo., Day, Yr.)	
23c. Hour of Death	
23d. Medical Examiner's Case #	
24. Name and Address of Certifier (Physician or Medical Examiner)	MEI KUNG M.D. 300 HOSPITAL AVENUE, STUART, FL 34995
25a. Subregistrar — Signature and Date	
25b. Registrar — Signature	Tabby Bennett CDR [signature]
25c. Date Registered	Oct. 6, 2000

VOID IF ALTERED OR ERASED

JOANNE HOLMAN, CLERK OF THE CIRCUIT COURT - SAINT LUCIE COUNTY
File Number: 1854620 OR BOOK 1339 PAGE 763
Recorded:11/01/00 13:31

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Return to: 19A&B

BY Tabby Bennett CDR 10/9/00 State Registrar

12006743

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1884 (10/98)

CERTIFICATION OF VITAL RECORD