

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000002957**

1. Entity Name

DEBOND 2000, INC.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90902 017 ***150.00

Principal Place of Business

Mailing Address

**221 OLD DIXIE HIGHWAY #1
TEQUESTA FL 33469****221 OLD DIXIE HIGHWAY #1
TEQUESTA FL 33469-2722**

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

65-0887106

Applied For

☒ Not Applicable5. 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****WIERSMA, JACK G
221 OLD DIXIE HIGHWAY #1
TEQUESTA FL 33469**

Name

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

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 State10. 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 **D** ☒ Delete
NAME **WIERSMA, JACK G**
STREET ADDRESS **627 6TH TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☒ Delete
NAME **CHRISTIAN, THEODORE**
STREET ADDRESS **409 S.E. ATLANTIC DRIVE**
CITY-ST-ZIP **LANTANA FL 33462**TITLE **D** ☐ Delete
NAME **BRUSKO, RICHARD J**
STREET ADDRESS **8 W. COCOANUT DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☐ Change ☒ Addition
NAME **Michael Grover**
STREET ADDRESS **4172 Lakeridge Rd.**
CITY-ST-ZIP **Excelsior, MN. 55331**TITLE **Director** ☐ Change ☒ Addition
NAME **Charles Norburn**
STREET ADDRESS **117 Queens Bess Ct.**
CITY-ST-ZIP **Ft. Pierce, Fla. 34949**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Richard J. Brusko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)