

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067088

1. Entity Name
DEREUS GROVES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 007 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
510 N. FLORIDA AVE.
LAKELAND FL 33801

Mailing Address
2050 ARIANA BLVD.
AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address
510 N Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL

4. FEI Number **59-3597183**

Applied For
Not Applicable

Zip

Country

Zip
33801

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

DEREUS, MARJORIE A
2050 ARIANA BLVD.
AUBURNDALE FL 33823

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, 2001 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 DEREUS, FORREST E
STREET ADDRESS 2050 ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE **VP** ☐ Delete
NAME DEREUS, MARK T
STREET ADDRESS 726 ORANGE PARK AVE.
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete
NAME DEREUS, MARJORIE A
STREET ADDRESS 2050 ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE **SD** ☐ Delete
NAME LALONDE, SHARRON D
STREET ADDRESS 2182 ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)