

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088258

1. Entity Name

DEBORAH L. VANDERBILT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90302 005 ***150.00

Principal Place of Business

10 W. WOLF ST.
AVON PARK FL 33825

Mailing Address

10 W. WOLF ST.
AVON PARK FL 33825-2408

2. Principal Place of Business

10 W. WOLF ST

Suite, Apt. #, etc.

3. Mailing Address

10 W. WOLF ST

Suite, Apt. #, etc.

City & State

Avon Park, FLA.

City & State

Avon Park, FLA.

Zip

33825

Country

Highlands

Zip

33825

Country

Highlands

4. FEI Number

59-072 5553

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

VANDERBILT, DEBORAH L
10 W. WOLF ST.
AVON PARK FL 33825

Name

Deborah L. Vanderbilt, Inc.

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

10 W. WOLF ST

City

Avon Park

FL

Zip Code

33825

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	PSTD	<input type="checkbox"/> Delete
NAME	VANDERBILT, DEBORAH L	
STREET ADDRESS	10 W. WOLF ST.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Deborah L. Vanderbilt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (863) 453-8633

Date

Daytime Phone #

CR2E034 (9/99)