## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # 687881 DELTONA RECREATION, INC. 07-28-2000 90150 025 \*\*\*150.00 Principal Place of Business Mailing Address 595 HWY 92 FAST 595 HWY 92 FAST DELAND FL 32724 DELAND FL 32724 CONTRACTOR OF THE PARTY OF THE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2028965 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LONGO, PETER W Street Address (P.O. Box Number is Not Acceptable) **62 FERNWOOD TRAIL DELAND FL 32724** Zip Code City FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/00) Change ☐ Addition TITLE ☐ Delete LONGO, LOUIS P NAME 1395 TALL OAKS RD. STREET ADDRESS STREET ADDRESS DELAND FL CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Addition ☐ Delete TITLE ☐ Change TITLE LONGO, PETER W NAME NAME **62 FERNWOOD TRAIL** STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DELAND FL** CITY-ST-ZIP Change ☐ Addition Delete TITLE FOLL: TIMOTHY: J: -----NAME -NAME 105 WILLOW BEND LANE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with his 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 trace employered 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 a h address with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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AND TYPED OR PRINTED NAME OF

☐ Delete

7/2,12000 904.738.5868

☐ Change

Addition

	7/21/2000
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