

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90005 013 ***150.00

DOCUMENT # 687881

1. Entity Name

DELTONA RECREATION, INC.

Principal Place of Business

Mailing Address

595 HWY 92 EAST
DELAND FL 32724

595 HWY 92 EAST
DELAND FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2028965

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LONGO, PETER W
62 FERNWOOD TRAIL
DELAND FL 32724

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 NAME STREET ADDRESS CITY-ST-ZIP	P LONGO, LOUIS P 1395 TALL OAKS RD. DELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONGO, PETER W 62 FERNWOOD TRAIL DELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLI, TIMOTHY J. 105 WILLOW BEND LANE ORMOND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 DELTONA FL 32738	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 496 WILSHIRE BLVD PORT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. LONGO, PETER W. 62 FERNWOOD TRAIL DELAND FL 32724	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALUSIO E EUGENE 2009 JESSAMINE CT DELTONA FL 32738	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOODWIN JOSEPH W 496 WILSHIRE BLVD PORT ORANGE FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

3-22-01

Date

Daytime Phone #

CR2E034 (10/00)