2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 AM
Secretary of State

DOCUMENT# 687881

Entity Name: DELTONA RECREATION, INC.

Current Principal Place of Business:

595 HWY 92 EAST
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

595 HWY 92 EAST
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2028965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGO, PETER W
62 FERNWOOD TRAIL
DELAND, FL 32724

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LONGO, LOUIS P,	
Address:	1395 TALL OAKS RD.	
City-St-Zip:	DELAND, FL	
Title:	V	( ) Delete
Name:	LONGO, PETER W,	
Address:	62 FERNWOOD TRAIL	
City-St-Zip:	DELAND, FL 32724	
Title:	T	( ) Delete
Name:	FOLI, TIMOTHY J.,	
Address:	105 WILLOW BEND LANE	
City-St-Zip:	ORMOND BEACH, FL	
Title:	T	( ) Delete
Name:	DALUSIO, E E	
Address:	2009 JESSAMINE CT	
City-St-Zip:	DELTONA, FL 32738	
Title:	S	( ) Delete
Name:	GOODWIN, JOSEPH W	
Address:	496 WILTSHIRE BLVD	
City-St-Zip:	PORT ORANGE, FL 32127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS P. LONGO P 04/04/2002

Electronic Signature of Signing Officer or Director — Date