

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 108312

1. Entity Name

DELOACH FURNITURE COMPANY

Principal Place of Business

Mailing Address

420 BROAD STREET  
JACKSONVILLE FL 32202

420 BROAD STREET  
JACKSONVILLE FL 32202-4806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0217580

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

DELOACH, L.G.  
420 BROAD STREET  
JACKSONVILLE FL 32202

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, 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

TITLE PD ☐ Delete  
NAME DELOACH, L.G.  
STREET ADDRESS 39 35TH AVE.  
CITY-ST-ZIP JAX. BEACH FL

TITLE SD ☐ Delete  
NAME DELOACH, V.L.  
STREET ADDRESS 39 35TH AVE.  
CITY-ST-ZIP JAX. BEACH FL

TITLE D ☐ Delete  
NAME DELOACH, M.G.  
STREET ADDRESS 315 S 32 AVE  
CITY-ST-ZIP JAX. BEACH FL

TITLE TD ☐ Delete  
NAME DELOACH, R P  
STREET ADDRESS 59 34TH AVE SOUTH  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D ☐ Delete  
NAME DELOACH, T. L.  
STREET ADDRESS 405 S 32 AVE  
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 #

FILED

Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90025 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1-25-2000 354-4109  
(904)