2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300945

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELTONA CORPORATION REALTY COMPANY

Principal Place	e of Business	Mailing Address	Mailing Address						
8014 SW 135TH ST. RD. OCALA FL 34473 US 2. Principal Place of Business		8014 SW 135TH ST. RD. SUITE 700 OCALA FL 34473-6807 US 3. Mailing Address							
4. FEI Numb	4. FEI Number 59-1115358			plied For t Applicable					
Zip Country		Zip	Zip Count		5. Certificate of Status Desired			\$9.75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Ag	jent	
				Name					
SMITH, BETH 8014 SW 135TH ST. RD. OCALA FL 34473				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution.				
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS	/CHANGES TO OFFIC	ERS AND D	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAM, ANTONY 8014 SW 135TH ST. RD. OCALA FL 34473	☐ Deleti	NAMI STRE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARUNSKI, BØBERT W 8014 SVA 135TH ST. RD. OCALA FL 34473	Delet	NAM STRE	1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUMMERHIELM, SHARON J. 999 BRICKELL AVE STE 700 MIAMI FL	Delet	NAM! STRE	E ST ADDRESS ST-ZIP	CALA	TH 135 th ST FL 344		<Ĉhange ►}	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDEN, DAVID M. 999 BRICKELL AVE SUITE 700 MIAMI FL	Ø Glet	NAM! STRE	E ET ADDRESS	P VETTE G O14 5W XALA FI	(5)	2D	☐ Change	Addition
TITLE NAME		Delet	NAMI	7	DNALD "	19 ST R		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 it 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCALA FL

☐ Change

☐ Addition

Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90057 001 *1,472.50

Daytime Phone #