

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300945

1. Entity Name

DELTONA CORPORATION REALTY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 4:30

25041

Principal Place of Business 8014 SW 135TH ST. RD. OCALA FL 34473 US	Mailing Address 8014 SW 135TH ST. RD. SUITE 700 OCALA FL 34473 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1115358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH, BETH~~
8014 SW 135TH ST. RD.
OCALA FL 34473

7. Name and Address of New Registered Agent

Name: Beth FISHER (F/K/A SMITH)
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: BETH FISHER DATE: 1/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAM, ANTONY	NAME	
STREET ADDRESS	8014 SW 135TH ST. RD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNELLEY, DONALD	NAME	
STREET ADDRESS	8014 SW 135 ST RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BETH	NAME	FISHER, BETH (F/K/A SMITH)
STREET ADDRESS	8014 SW 135TH ST RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	CITY-ST-ZIP	
TITLE	V- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, IVETTE	NAME	
STREET ADDRESS	8014 SW 135 ST RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: BETH FISHER DATE: 1/11/01 352-307-8100
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (10/00)