

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90172 023 ***150.00

DOCUMENT # 300945

1. Entity Name
DELTONA CORPORATION REALTY COMPANY



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**

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 **59-1115358**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FISHER, BETH
8014 SW 135TH ST. RD.
OCALA FL 34473**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAM, ANTONY	
STREET ADDRESS	8014 SW 135TH ST. RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BATTLE, JOHN	
STREET ADDRESS	8014 SW 135 ST RD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, BETH	
STREET ADDRESS	8014 SW 135TH ST RD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, IVETTE	
STREET ADDRESS	8014 SW 135 ST RD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, ROBERT	
STREET ADDRESS	8014 SW 135th Street Road	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 1 800 935 6378
Date Daytime Phone #

CP2E034 (10/02)