

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 457992

1. Entity Name

DELTONA LAND & INVESTMENT CORP.

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

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

Signature typed or printed name of registered agent and title if applicable

Beth Fisher

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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, 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

TITLE PD
NAME GRAM, ANTONY
STREET ADDRESS 8014 SW 135TH ST. RD.
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE V
NAME ARUNSKI, ROBERT W
STREET ADDRESS 8014 SW 135TH ST RD
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE TD
NAME MCNELLEY, DONALD O
STREET ADDRESS 8014 SW 135TH ST RD
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE SD
NAME SMITH, BETH
STREET ADDRESS 8014 SW 135 ST RD
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE FISHER, BETH (F/K/A Smith)
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01

352-307 8100

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90061 028 ***150.00

C0031673



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)