

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90081 007 \*\*\*150.00

**DOCUMENT # 482679**

1. Entity Name  
**DELTA REALTY OF TALLAHASSEE, INC.**



Principal Place of Business  
**92 RAYSTER DR  
CRAWFORDVILLE FL 32327  
US**

Mailing Address  
**92 RAYSTER DR  
CRAWFORDVILLE FL 32327  
US**

2. Principal Place of Business

3. Mailing Address

**99 Royster Dr.**

Suite, Apt. #, etc.

City & State

**Crawfordville Fla.**

City & State

Zip

Country

Zip

Country

**32327**

4. FEI Number **59-1618158**

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

**MOORE, W. TAYLOR  
223 JOHN KNOX RD  
TALLAHASSEE FL 32303**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLS, J. HOWARD	
STREET ADDRESS	<del>223 JOHN KNOX ROAD</del> <b>99 Royster Dr</b>	
CITY-ST-ZIP	<del>TALLAHASSEE FL</del> <b>Crawfordville Fla. 32327</b>	
TITLE	VD	
NAME	RAINEY, R. BARTOW	
STREET ADDRESS	<del>223 JOHN KNOX ROAD</del> <b>99 Royster Dr</b>	
CITY-ST-ZIP	<del>TALLAHASSEE FL</del> <b>Crawfordville Fla. 32327</b>	
TITLE	STD	
NAME	MOORE, W. TAYLOR	
STREET ADDRESS	223 JOHN KNOX RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**2/10/03**

**5242401**

Daytime Phone #

CR2E034 (10/02)

Attachment  
# 482679

80026544

- - - - N O T I C E - - - -

CHANGE OF ADDRESS

NEW ADDRESS: 99 ROYSTER DRIVE  
CRAWFORDVILLE, FL 32327