

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599093

1. Entity Name

DILAND CORPORATION

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90134 022 \*\*\*150.00

Principal Place of Business C/O OCEAN WALK PROPERTIES 410 N HALIFAX STE D DAYTONA BEACH FL 32118 US	Mailing Address C/O OCEAN WALK PROPERTIES 410 N HALIFAX STE D DAYTONA BEACH FL 32118-4084 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>9/0 Ocean Walk Properties</i>	3. Mailing Address <i>9/0 Ocean Walk Properties</i>
Suite, Apt. #, etc. <i>326 N. Atlantic Avenue</i>	Suite, Apt. #, etc. <i>326 N. Atlantic Avenue</i>
City & State <i>Daytona Beach, FL</i>	City & State <i>Daytona Beach, FL</i>
Zip <i>32118</i>	Country <i>USA</i>

4. FEI Number **59-1639665** | Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FINCKE, GERALD B**  
 C/O OCEAN WALK PROPERTIES  
 410 N HALIFAX STE D  
 DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent  
 Name *Fincke, Gerald B*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9/0 Ocean Walk Properties*  
*326 N. Atlantic Avenue*  
 City *Daytona Beach* FL Zip Code *32118*

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 *Gerald B. Fincke* *Gerald B. Fincke* *1/11/2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DIAMOND, ISADORE</b> 7811 NW 85TH AVENUE TAMARAC FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LANDSMAN, ELLIOTT</b> 3 TOWNLINE CIRCLE ROCHESTER NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FINCKE, GERALD</b> 410 N HALIFAX STE D DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCNEIL, GORDON</b> 770 LINDEN AVE. ROCHESTER NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>DIAMOND, ISADORE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5211 North Lake Catalina Drive Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>LANDSMAN, ELLIOTT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Townline Circle Rochester, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>FINCKE, GERALD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 326 N. Atlantic Avenue Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>MCNEIL, GORDON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 770 Linden Avenue Rochester, NY 14625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Gerald B. Fincke* *Gerald B. Fincke* *President* *Jan. 11, 2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #