

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703194**

1. Entity Name

THE DELIUS ASSOCIATION OF FLORIDA, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90062 010 ****61.25

Principal Place of Business

Mailing Address

**2800 UNIVERSITY BLVD., N.
JACKSONVILLE FL 32211****P.O. BOX 5621
JACKSONVILLE FL 32247-5621**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1098233

Applied For

Not Applied

Zip

Country

Zip

Country

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PARDEE, RUSSELL J
1909 SEMINOLE ROAD
ATLANTIC BEACH FL 32233**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, VIVIAN	
STREET ADDRESS	1213 MAPLETON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, JESSE G DR.	
STREET ADDRESS	2800 UNIVERSITY BLVD., N.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARDEE, RUSSELL J.	
STREET ADDRESS	1909 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, THOMAS D	
STREET ADDRESS	1556 RIVER BLUFF ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIEBER, FRANKLIN	
STREET ADDRESS	2050 COLLEGE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELY, HENRY	
STREET ADDRESS	2105 DELOTE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CORNELLY, HENRY	
STREET ADDRESS	2105 BELOTE Place	
CITY-ST-ZIP	Jacksonville, FL 32207	

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 617, 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 and Typed or Printed Name of Signing Officer or Director
Signature and Typed or Printed Name of Signing Officer or Director**1-14-2000 (904) 246-9151**

Date

Daytime Phone #