

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90021 047 \*\*\*\*61.25

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**DOCUMENT # 703194**

1. Entity Name

**THE DELIUS ASSOCIATION OF FLORIDA, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

**59-1098233**

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

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

Name

**O. D. MASTERS JR.**

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

**2257 RIVERSIDE AVENUE # 2**

City

**JACKSONVILLE**

FL

Zip Code

**32204-4619**

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.

**O. D. MASTERS JR.**

(NOTE: Registered Agent signature required when reinstating)

**March 18, 2002**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
**CLARK, VIVIAN**  
 STREET ADDRESS  
**1213 MAPLETON ROAD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32207**

TITLE NAME ☐ Change ☒ Addition  
**Treasurer**  
**O. D. Masters Jr.**  
 STREET ADDRESS  
**2257 Riverside Ave. #2**  
 CITY-ST-ZIP  
**Jacksonville, FL 32204-4619**

TITLE NAME ☐ Delete  
**VP**  
**WRIGHT, JESSE G DR.**  
 STREET ADDRESS  
**7925 MERRILL RD APT # 2106**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32277**

TITLE NAME ☒ Change ☐ Addition  
**President**

TITLE NAME ☐ Delete  
**T**  
**PARDEE, RUSSELL J**  
 STREET ADDRESS  
**1909 SEMINOLE ROAD**  
 CITY-ST-ZIP  
**ATLANTIC BCH FL 32233**

TITLE NAME ☒ Change ☐ Addition  
**Director**

TITLE NAME ☐ Delete  
**D**  
**OWEN, THOMAS D**  
 STREET ADDRESS  
**1556 RIVER BLUFF ROAD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32211**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**P**  
**LIEBER, FRANKLIN**  
 STREET ADDRESS  
**2050 COLLEGE STREET**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32204**

TITLE NAME ☒ Change ☐ Addition  
**Director**

TITLE NAME ☒ Delete  
**D**  
**CORNELY, HENRY**  
 STREET ADDRESS  
**2105 BELOTE PLACE**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32207**

TITLE NAME ☐ Change ☐ Addition

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

Date

Daytime Phone #

**March 18, 2002 388-4500**

CR2E037 (9/01)