

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817237

1. Entity Name

THE DELTONA CORPORATION

Principal Place of Business

8014 SW 135TH ST. RD.
OCALA FL 34473

Mailing Address

8014 SW 135TH ST. RD.
OCALA FL 34473-6807

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HUMMERHIELM, SHARON J
999 BRICKELL AVE SUITE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE

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	T	<input type="checkbox"/> Delete
NAME	MCNELLEY, DONALD O	
STREET ADDRESS	8014 SW 135TH ST. RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	PC	<input type="checkbox"/> Delete
NAME	GRAM, ANTONY	
STREET ADDRESS	8014 SW 135TH ST. RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HUMMERHIELM, SHARON	
STREET ADDRESS	999 BRICKELL AVE SUITE 700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, BETH	
STREET ADDRESS	8014 SW 135TH ST. RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	KENNETH ZIMBRO	
STREET ADDRESS	8014 SW 135TH ST RD	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HUMMERHIELM
Exec VP

Date

Daytime Phone #

4/11/00 305-579-0999

x25

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90057 001 *1,472.50



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0997584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)