

2000 UNIFORM BUSINESS REPORT (UBR)

0001221 AF

DOCUMENT # A15641

1. Entity Name

DELTA CROWN OAK CENTRE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750		Mailing Address 250 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750-6148	
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 59-2371033		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIPS, DAVID W 250 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750		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. Capital Contributions as Shown on record. \$227,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M93505 UNITARY FINANCIAL ORGANIZATION, INC. 250 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750	STREET ADDRESS CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 19 April 2000	Daytime Phone # 407-332-7754
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CR2E003 19/99