

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A17742
1. Entity Name
DELTONA ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 10 AM 11:58

Principal Place of Business
 133 SEVILLA AVENUE
 CORAL GABLES FL

Mailing Address
 133 SEVILLA AVENUE
 CORAL GABLES FL 33134-6006



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 59-2459741

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ROLLNICK, NEIL S
 133 SEVILLA
 CORAL GABLES FL 33134

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. Capital Contributions as Shown on record. **\$2,880,000.00**

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	
NAME	LOPATE, JOEL L	CITY - ST - ZIP	
STREET ADDRESS	11000 S.W. 64TH AVENUE		
CITY - ST - ZIP	MIAMI FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LORBER, EZRA	CITY - ST - ZIP	
STREET ADDRESS	2125 N.E. 187TH STREET		
CITY - ST - ZIP	N. MIAMI BEACH FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROLLNICK, NEIL STEVEN	CITY - ST - ZIP	
STREET ADDRESS	6545 S.W. 100TH STREET		
CITY - ST - ZIP	MIAMI FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROSEN, LAWRENCE N	CITY - ST - ZIP	
STREET ADDRESS	21170 N.E. 22ND COURT		
CITY - ST - ZIP	N. MIAMI BEACH FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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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: *Neil Rollnick* **1-31-2000** **305-444-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)