

2001 UNIFORM BUSINESS REPORT (UBR)

0004196 AF

DOCUMENT # **A17742**

1. Entity Name

DELTONA ASSOCIATES, LTD.

Principal Place of Business

**133 SEVILLA AVENUE
CORAL GABLES FL**

Mailing Address

**133 SEVILLA AVENUE
CORAL GABLES FL**

FILED
01 FEB 23 AM 10:28
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2459741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLNICK, NEIL S

133 SEVILLA

CORAL GABLES FL 33134

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
CITY-ST-ZIP
**LOPATE, JOEL L
11000 S.W. 64TH AVENUE
MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LORBER, EZRA
2125 N.E. 187TH STREET
N. MIAMI BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

600003791196--7
-03/01/01--01060--024
*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROLLNICK, NEIL STEVEN
6545 S.W. 100TH STREET
MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROSEN, LAWRENCE N
21170 N.E. 22ND COURT
N. MIAMI BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NEIL S ROLLNICK

1-22-01

305-444-7800

Daytime Phone #

CR2E003 (11/00)