

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15168

1. Entity Name

DELTONA-MARCO PROPERTIES, II, INC.

Principal Place of Business

Mailing Address

8014 SW 135TH ST. RD.
OCALA FL 34473
US

8014 SW 135TH ST. RD.
SUITE 700
OCALA FL 34473
US

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 59-2059510

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HUMMERHIELM, SHARON
999 BRICKELL AVE STE 700
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003796289-2

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRAM, ANTONY
8014 SW 135TH ST. RD.
OCALA FL 34473 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-03/02/01-8107-815
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCNELLEY, DONALD
80147 SW 135TH ST. RD.
OCALA FL 34473 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SMITH, BETH
8014 SW 135TH ST RD
OCALA FL 34473 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FISHER, BETH (F/K/A SMITH) ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
AD

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

4/4/01

Date

805-579-0999

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 4:29

00040



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)