

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32130

1. Entity Name

DELTONA HOMES & LAND, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 022 ***150.00

Principal Place of Business

2820 HOWLAND BLVD. #6
DELTONA FL 32725-1606

Mailing Address

2820 HOWLAND BLVD. #6
DELTONA FL 32725-1606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2098961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIANCARDI, KENNETH
2820 HOWLAND BLVD.
DELTONA FL 32725

Name

KIRSTY BIANCARDI

Street Address (P.O. Box Number is Not Acceptable)

2820 HOWLAND BLVD #6

DELTONA FL 32725-1606

City

FL

Zip Code

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

KIRSTY BIANCARDI, DIR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2000

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	P	<input type="checkbox"/> Delete
NAME	BIANCARDI, CONNIE	
STREET ADDRESS	2820 HOWLAND BLVD. #6	
CITY-ST-ZIP	DELTONA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIANCARDI, KARL	
STREET ADDRESS	2820 HOWLAND BLVD.	
CITY-ST-ZIP	DELTONA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIANCARDI, KENNETH	
STREET ADDRESS	2820 HOWLAND BLVD.	
CITY-ST-ZIP	DELTONA FL 32725-1606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	

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:

4/14/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-789-2000

CR2E034 (9/99)