

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90047 031 \*\*\*158.75

00083631

DOCUMENT # **F94000005910**

1. Entity Name

**DELMA CITY CENTER CORP.**

Principal Place of Business

**100 2ND AVENUE SOUTH  
 SUITE 201  
 ST. PETERSBURG, FL 33701**

Mailing Address

**C/O DELMA PROPERTIES, INC.  
 444 MADISON AVENUE  
 SUITE 1204  
 NEW YORK, NY 10022**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**13-3798269**

Applied For

Not Applicable

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

Name

**CT CORPORATION SYSTEMS**

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

**1200 SOUTH PINE ISLAND ROAD**

City

**PLANTATION**

FL

Zip Code

**33324**

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

**(SEE ATTACHED)**

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, 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	<b>CP</b>	<input type="checkbox"/> Delete
NAME	<b>KEYORK TOROYAN</b>	
STREET ADDRESS	<b>C/O DELMA PROPERTIES, INC.</b>	
CITY-ST-ZIP	<b>444 MADISON AVE. SUITE 1204 NEW YORK, NY 10022</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK D. BARRETT</b>	
STREET ADDRESS	<b>C/O DELMA PROPERTIES, INC.</b>	
CITY-ST-ZIP	<b>444 MADISON AVE. SUITE 1204 NY, NY 10022</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SETA TOROYAN</b>	
STREET ADDRESS	<b>C/O DELMA PROPERTIES, INC.</b>	
CITY-ST-ZIP	<b>444 MADISON AVE., SUITE 1204 NY, NY 10022</b>	
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
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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:

**(Signature)**

**Seta Toroyan, Corporate Secretary**

**4/28/00**

**355-4335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DELMA CITY CENTER CORP.

2. The mailing address of the corporation is: C/O DELMA PROPERTIES, INC. 444 MADISON  
AVENUE, SUITE 1204 NEW YORK, NEW YORK 10022

3. Date of incorporation/qualification: 11/15/1994 Document number: F9400005910

4. The name and address of the current registered agent and office:

LARRY WOLFE  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FLORIDA 32303-6643

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

\* CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

By: [Signature]  
(Signature of an officer, chairman or vice chairman of the board)

10-5-99  
(Date)

PATRICK D. BARRETT, ITS EXECUTIVE VICE PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: Charles W Meyer  
(Signature of Registered Agent)

10/29/99  
(Date)

If signing on behalf of an entity:

**CHARLES W. MEYER**  
**ASSISTANT SECRETARY**

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*