2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004801

1. Entity Name

THE DELTA GROUP, INC.

FILED
00 MAR 23 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5263

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
220 NORTH MAIN STREET, SUITE 300 GREENVILLE, SC 29601	220 NORTH MAIN STREET, SUITE 300 GREENVILLE SC 29601-2129

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 57-1028793 ☐ 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
CHAMBERLAIN, PETE 2714 REW CIR STE. 200 OCOEE FL 34761	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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT FORTHMAN, M. T 220 NORTH MAIN STREET, SUITE 300 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition FORTHMAN, CRAIG 220 North Main Street, Suite 300 Greenville, SC 29601
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS MARTIN, DAVID R 220 NORTH MAIN STREET, SUITE 300 GREENVILLE SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003191855--3 -03/31/00--01066--011 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHADWICK, JOHN 220 NORTH MAIN ST, STE 300 GREENVILLE SC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME / STREET ADDRESS / ST-ZIP	D CUBBAGE, LEIGHTON 220 NORTH MAIN STREET SUITE 300 GREENVILLE SC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME / STREET ADDRESS / ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
NAME / STREET ADDRESS / ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: ✓ M. Thane Forthman 3-8-00 864-271-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #