

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G72939**

1. Entity Name

DELAND LEASING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90118 028 ***150.00

Principal Place of Business

1764 LANGLEY AVE.
DELAND FL 32724

Mailing Address

1764 LANGLEY AVE.
DELAND FL 32724-2181

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1764 Langley Ave



DO NOT WRITE IN THIS SPACE

City & State

City & State

DeLand, FL 32724

4. FEI Number

59-2351629

Applied For

Not Applicable

Zip

Country

Zip

Country

32724

Volusia

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

LOPES, SHARON BENLINE
2730 BLUE HERON VLG.
DELAND FL 32720

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	PSD LOPES, SHARON BENLINE 2730 BLUE HERON VLG. DELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINKOETTER, TAMARA B. 2748 BLUE HERON VLG. DELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENLINE, TAMARA S. 1021 W Church St. DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUEDRY, MARI BETH 811 W. CHURCH ST. DELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Guedry, mari Beth 1021 W. Church St. DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUPA, ROBERTA C. 60 GARAVOGUE ST. ORLAND PARK IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, LORI KAYE 8420 DAWN HILL DR.S.E. OLYMPIA WA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Green, Lori Kaye 1134 326th place, S.W. Federal Way, WA 98023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-15-2000

Date

904-734-3226

Daytime Phone #