2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44912

1. Entity Name

DELUCA PROPERTIES, INC.

SIGNATURE: _

Principal Place	e of Business	Mailing Address								
P.O. BOX 86 DELAND FL 32721-0086		P.O. BOX 86 DELAND FL 32721-0086								
		T***								
2. Principal Place of Business		3. Mailing Address							1 /1 6 / 5 /1 6/1/1 6	ISIN OHON IOO
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE	
City & State		City & State			4.	4. FEI Number 59-2		05	Applied For Not Applicable	
Zip	Country	Zip	Count	ry `	5.	Certificate of	Status Desired		\$8.75 A	
	6. Name and Address of Current	Registered Agent			7.	Name and A	ddress of New	Registered	Agent	
				Name						
	JCA, STEPHEN B. S.:CLARA AVENUE	·		Street Address (P.O. Box Number is Not Acceptable)						
	AND FL 32720									
				City	-	······································		F	L Zip Co	ode
A The shows	named entity submits this statement fo	r the purpose of changing it	ts registere	ed office or rec	gistered ac	gent, or both.	in the State of	Florida.		
o. The above	Harried entity submits this statement to	the parpoon of energing w	···	-						
OLONIATURE										
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NC	OTE: Registere	d Agent signature re	equired when	reinstating)		DATE		
9. This corps	vertion is aligible to eatiefy its Intangible	FILE NOV	V!!! FEE	IS \$150.00		40 5			ф.	00
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 200					.00		tion Campaign : Fund Contribu	_		.00 May Be led to Fees
(See criteria on back)			able to De	epartment of						
11.	OFFICERS AND	DIRECTORS	12.		Al	DDITIONS/C	HANGES TO O	FFICERS AN	ID DIRECTO	
TITLE	Р	☐ Delete	TITLE						☐ Change	e 🔲 Addition
NAME	DELUCA, STEPHEN B.		NAM	1						
STREET ADDRESS	927 S CLARA AVE			ET ADDRESS						
CITY-ST-ZIP	DELAND FL		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	e [_] Addition
NAME			NAM	- I			-			
STREET ADDRESS	<u> </u>			ET ADDRESS	 .					`
CITY-ST-ZIP									Change	e
TITLE		☐ Delete	TITLI	1					Onlings	
NAME				ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
		☐ Delete	TITL						☐ Change	e 🔲 Addition
TITLE NAME		La Delete	NAM	I						
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	E					☐ Chang	e 🔲 Addition
NAME			NAM	I .						
STREET ADDRESS	}			EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP						• [] *****
TITLE			TITL	- 1					☐ Chang	e [] Addition
NAME		/ /	NAM	_						
STREET ADDRESS	/ ///	/		EET ADDRESS						
CITY-ST-ZIP		'		/-ST-ZIP		440.65151	. El	- I fo als -	- a-4!6. , 4b 4 4b	o information
13. I hereby	certify that the information surplies with an this report or supplemental report poration or the receiver of trusted employees or on an attachment with an address.	h this filing does not qualify	for the exe	emption stated ture shall hav	I in Section e the same	n 119.07(3)(i) e legal effect	i, Florida Statut as if made und	es. I further c ler oath; that	certify that th I am an offic	e intormation cer or director
of the co	rporation or the receiver of thurses emp	powered to execute this repo	ort as requ	ired by Chapt	er 607. Flo	orida Statutes	; and that my n	ame appear	s in Block 11	or Block 12 if
changed	or on an attachment with an address,	with all other like empowers	du.				11			

FILED

Apr 12, 2000 8:00 am Secretary of State 04-12-2000 90026 040 ***150.00

Daytime Phone #