

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000791

1. Entity Name

DELANEY APARTMENTS, L.C.

APPROVED
AND
FILED

00 JUL 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1000 S. DELANEY AVE.
ORLANDO FL 32806

Mailing Address

C/O SIEGEL REALTY & MGMT., INC.
G-3200 BEECHER ROAD
FLINT MI 48532



2. Principal Place of Business

1300 E. Michigan Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

City & State

Zip

Country

4. FEI Number

59-3471617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, JAMES T

2521 E GORE

ORLANDO FL 32806

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
SIEGEL, BRUCE W
G-3200 BEECHER RD.
FLINT MI 48532

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000003343020-8
-08/02/00--01005--006
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BRUCE W. SIEGEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

7/17/00

Daytime Phone #

(810) 723-7000

CR2E083 (5/00)