

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39073

1. Entity Name

DELTA OFFICE CENTER PROPERTY OWNERS ASSOCIATION,

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90005 046 *****61.25

0014254

Principal Place of Business

223 JOHN KNOX ROAD
TALLAHASSEE FL 32303

Mailing Address

223 JOHN KNOX ROAD
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3133274

Applied For

Not Applicable

Zip

Country

Zip

Country

32327

USA

32327

USA

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

MOORE, W. TAYLOR
223 JOHN KNOX ROAD
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number Not Accepted)

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)

4/7/01
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME MOORE, W. TAYLOR
STREET ADDRESS 223 JOHN KNOX ROAD
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME RAINEY, R. BARTOW
STREET ADDRESS 223 JOHN KNOX RD.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME NICHOLS, J. HOWARD
STREET ADDRESS 223 JOHN KNOX RD.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Howard Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

5242401
Daytime Phone #

CR2E037 (10/00)