

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006494

1. Entity Name

DELPHI CENTER, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90018 003 ****61.25

Principal Place of Business

2514 WEST KENNEDY BOULEVARD
TAMPA FL 33609
US

Mailing Address

702 WEST ADALEE STREET
TAMPA FL 33603-5513

2. Principal Place of Business

3716 W SWANN
Suite, Apt. #, etc.

3. Mailing Address

3716 W SWANN
Suite, Apt. #, etc.

City & State
TAMPA FL
Zip
33609

Country

City & State
TAMPA FL
Zip
33609

Country

4. FEI Number

59-3419545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEARNS, KARIN L.M.
702 WEST ADELEE ST
TAMPA FL 33603

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 \$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

TITLE	ED	<input type="checkbox"/> Delete
NAME	KEARNS, KARIN	
STREET ADDRESS	2514 W KENNEDY BLVD	702 W ADALEE ST
CITY-ST-ZIP	TAMPA FL 33609-3300	33603-5513
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PULLEN, DEE	
STREET ADDRESS	802 EAST ANNIE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, JUDITH	
STREET ADDRESS	10402 N. BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)