

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002757

1. Entity Name

THE DELTA TETARTON HOUSING ASSOCIATION OF PH, SI

FILED

01 JAN -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE

Principal Place of Business

5610 VINELAND RD., STE. 316
ORLANDO FL 32819

Mailing Address

5610 VINELAND RD., STE. 316
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

P.O. Box 13117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE FL 32604

Zip

Country

32604

Country

4. FEI Number

59-3585234

Applied For

Not Applicable

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

TICE, DAN
5610 VINELAND RD., STE. 316
ORLANDO FL 32819

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

After September 13, 2000 min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 CHAIR
NAME GREG D. LEE
STREET ADDRESS 215 N. EDLA DR.
CITY-ST-ZIP ORLANDO FL 32802

☐ Delete

TITLE TREASURER
NAME DAN BRADLEY
STREET ADDRESS 334 DAUNBE AVE #101
CITY-ST-ZIP TAMPA FL 33606

☐ Delete

TITLE SECRETARY
NAME GRANT TRIBLE
STREET ADDRESS 38 SUNNYSIDE DR.
CITY-ST-ZIP CLEMONT FL 34711

☐ Delete

TITLE AT LARGE
NAME DAN TICE
STREET ADDRESS 5610 VINELAND RD.
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE AT LARGE
NAME MATTHEW HODGE
STREET ADDRESS 181 HERON BAY CIRUE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE SGT AT ARMS
NAME DOMENIC E. SCORPIO
STREET ADDRESS 906 NW 12TH AVE
CITY-ST-ZIP GAINESVILLE FL 32601

☐ Delete

TITLE Accountant
NAME Lisa Kenna
STREET ADDRESS PO Box 13117
CITY-ST-ZIP Gainesville FL 32604

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/00 352-375-3676

CR2E037 (5/00)