

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007310

1. Entity Name

THE DELTA ASSOCIATION, INC.

Principal Place of Business

5209 SILVER OAK DRIVE
FORT PIERCE FL 34982

Mailing Address

5209 SILVER OAK DRIVE
FORT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969291

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP BURTON, MARY F	<input type="checkbox"/> Delete
STREET ADDRESS	5209 SILVER OAK DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE NAME	DV GOMEZ, JESSE R	<input type="checkbox"/> Delete
STREET ADDRESS	15288 FOX STREET	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE NAME	D HUGHEY, MARY H	<input type="checkbox"/> Delete
STREET ADDRESS	3089 SE OVERBROOK DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D HUGHEY, MARY H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	537 NW WAVERLY CIR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jesse R Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-28-01

(561) 398-3384

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90042 037 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)