

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006697

DOCUMENT # P00000117490

1. Entity Name

DELTA FINANCIAL CORP.

Principal Place of Business

2715 E. OAKLAND PARK BLVD., 2ND FLOOR  
FT. LAUDERDALE FL 33306

Mailing Address

2715 E. OAKLAND PARK BLVD., 2ND FLOOR  
FT. LAUDERDALE FL 33306

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

65-1065149

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

LALONDE, STEPHEN

2715 E. OAKLAND PARK BLVD., 2ND FLOOR  
FT. LAUDERDALE FL 33306

Name

Amy Lalonde

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

2715 E. Oakland Park Blvd.

Second Floor

City

Fort Lauderdale FL

Zip Code

33306

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

Stephen Lalonde

Amy Lalonde  
4/2/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME LALONDE, STEPHEN  
STREET ADDRESS 2715 E. OAKLAND PARK BLVD., 2ND FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE D P V P T S ☐ Change ☒ Addition  
NAME Amy Lalonde  
STREET ADDRESS 2715 E. Oakland Park Blvd., 2nd Floor  
CITY-ST-ZIP Ft Lauderdale, FL 33306

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy Lalonde

4-2-01

954 568 5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

SP

FILED

01 APR -3 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE