

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90341 010 \*\*\*158.75

0061375  
 AV

**DOCUMENT # P95000077008**

1. Entity Name

**DELTA FLORIDA PROPERTIES, INC.**

Principal Place of Business

~~125 W ROMANA ST~~  
~~STE 400~~  
 PENSACOLA FL 32501  
 US

Mailing Address

~~125 W ROMANA ST~~  
~~SUITE 400~~  
 PENSACOLA FL 32501  
 US

2. Principal Place of Business

**2 North Palafox St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**2 North Palafox St.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

**Pensacola, FL**

City & State

**Pensacola, FL**

4. FEI Number

**59-3345663**

Applied For

Not Applicable

Zip

**32501**

Country

Zip

**32501**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BELL, SCOTT J**

**125 W ROMANA ST**

**STE 400**

**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

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

**2 North Palafox Street**

City

**Pensacola**

FL

Zip Code

**32501**

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

**1/7/02**

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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TREHERN, W. EDWARD</b>	
STREET ADDRESS	<b>125 W ROMANA ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ST. PE, GERALD</b>	
STREET ADDRESS	<b>125 W ROMANA ST STE 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROY C</b>	
STREET ADDRESS	<b>125 W ROMANA ST STE 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLOWAY, J. L.</b>	
STREET ADDRESS	<b>125 W ROMANA ST STE 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, SCOTT J</b>	
STREET ADDRESS	<b>125 W ROMANA ST, STE 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TOLAN, JOHN J JR</b>	
STREET ADDRESS	<b>125 W ROMANA ST, STE 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 North Palafox St.</b>	
STREET ADDRESS	<b>2 North Palafox St.</b>	
CITY-ST-ZIP	<b>2 North Palafox St.</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 North Palafox St.</b>	
STREET ADDRESS	<b>2 North Palafox St.</b>	
CITY-ST-ZIP	<b>2 North Palafox St.</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 North Palafox St.</b>	
STREET ADDRESS	<b>2 North Palafox St.</b>	
CITY-ST-ZIP	<b>2 North Palafox St.</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 North Palafox St.</b>	
STREET ADDRESS	<b>2 North Palafox St.</b>	
CITY-ST-ZIP	<b>2 North Palafox St.</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 North Palafox St.</b>	
STREET ADDRESS	<b>2 North Palafox St.</b>	
CITY-ST-ZIP	<b>2 North Palafox St.</b>	

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/02 850-432-0650**

CR2E034 (9/01)