

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105744

1. Entity Name

DELRAY FUNDING CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90175 017 \*\*\*150.00

Principal Place of Business

Mailing Address

504 NE 5 AVE  
 DELRAY BEACH FL 33483  
 US

1921 E. ATLANTIC BLVD.  
 POMPANO BEACH FL 33060-6551

2. Principal Place of Business

3. Mailing Address

504 NE 5 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

4. FEI Number

65-0806349

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

USA

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

LESHIN, RANDALL L  
 1921 E. ATLANTIC BLVD.  
 POMPANO BEACH FL 33060

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

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, 2000 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVTS  
 ATWOOD, JAMES JAY  
 504 NE 5TH AVENUE  
 DELRAY BEACH FL 33483 ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)