

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90045 006 \*\*\*550.00

**DOCUMENT # P98000084706**

1. Entity Name

**DELTA RESORTS, INC**

Principal Place of Business

Mailing Address

**5448 HOFFNER AVENUE # 403  
 ORLANDO, FL 32812**

**5448 HOFFNER AVENUE # 403  
 ORLANDO, FL 32812**

2. Principal Place of Business

**5448 HOFFNER AVENUE**

3. Mailing Address

**5448 HOFFNER AVENUE**

Suite, Apt. #, etc.

**SUITE # 403**

Suite, Apt. #, etc.

**SUITE # 403**

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip  
**32812**

Country  
**USA**

Zip  
**32812**

Country  
**USA**

4. FEI Number

**65-0876266**

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

**VALENTE, JAMES R  
 1501 GULF DRIVE NORTH  
 BRADENTON BEACH, FL 34217**

Name

**SEAN O'HAIRE**

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

**2024 58TH AVENUE**

City

**VERO BEACH**

**FL**

Zip Code  
**32966**

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

*Sean O'Haire*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT VALENTE, JAMES R 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIR, GLORIA 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALTER NETTLES 5448 HOFFNER AVENUE # 403 ORLANDO, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL G. MANOSKE 969-G EDGEWATER BLVD # 390 FOSTER CITY, CA 94404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD (SECTY/TREAS/DIR) ANTONETTE R. MANOSKE 969-G EDGEWATER BLVD # 390 FOSTER CITY, CA 94404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEAN O'HAIRE 2024 58TH AVENUE VERO BEACH, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael G. Manoske*

MICHAEL G. MANOSKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)