

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701876

1. Entity Name

THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTON

Principal Place of Business

Mailing Address

56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176

56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176-5714

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

59-1539383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT JR, PHILIP H
150 MAGNOLIA AVE.
DAYTONA BCH. FL 32114

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

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 STREET ADDRESS CITY-ST-ZIP	P MADEN, WILLIAM 175 ORCHARD LANE ORMOND BEACH FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOSES, CARYL 1335 FLEMING AVE #123 ORMOND BEACH FL 32174	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEGNER, STEVEN 1737 LOUISIANA RD. SO DAYTONA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDERMONT, CHAS 1149 CLEARWATER RD. ORMOND BEACH FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, WANDA 25 HIGHLAND FALLS DR ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLIEPER REINHOLD 8 RED MAPLE CIRCLE ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

William L. Maden

2/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)