

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701876

1. Entity Name

THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTON

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90022 003 ****61.25

Principal Place of Business

56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176

Mailing Address

56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176

A0019048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1539383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Philip H. ELLIOTT, Jr.

Street Address (P.O. Box Number is Not Acceptable)
125 S. Palmetto Ave

City: Daytona Beach FL Zip Code: 32114

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

TITLE: P
NAME: MADEN, WILLIAM
STREET ADDRESS: 175 ORCHARD LANE
CITY-ST-ZIP: ORMOND BEACH FL 32176 ☐ Delete

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

TITLE: DT
NAME: SEGNER, STEVEN
STREET ADDRESS: 1737 LOUISIANA RD
CITY-ST-ZIP: SO DAYTONA FL ☐ Delete

TITLE: VPD
NAME: MCDERMONT, CHAS
STREET ADDRESS: 1149 CLEARWATER RD.
CITY-ST-ZIP: ORMOND BEACH FL 32114 ☒ Delete

TITLE: VPD
NAME: CASSIDY, WANDA
STREET ADDRESS: 25 HIGHLAND FALLS DR
CITY-ST-ZIP: ORMOND BEACH FL 32174 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: VP
NAME: FRASER, ALAN
STREET ADDRESS: 4722 VAN KLEECK DR
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32174 ☒ Change ☒ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 904-274-3157
Date Daytime Phone #

CR2E037 (10/00)