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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-12-2002 90107 024 ****61.25

DOCUMENT # 701876

1. Entity Name

THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTON A BEACH AREA, INC.

Principal Place of Business	Mailing Address
56 N. HALIFAX DRIVE ORMOND BEACH FL 32176	56 N. HALIFAX DRIVE ORMOND BEACH FL 32176

10434

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIOTT JR, PHILIP H 125 S PALMETTO 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 NA

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	P SCHLIEPER, REINHOLD T 23 SEAFARING PATH PALM COAST, FL 32164	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHLIEPER, REINHOLD 8 RED MAPLE CIRCLE ORMOND BEACH FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, MARSHA T 910 BEACH ST. DAYTONA BEACH, FL 32114	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SEGNER, STEVEN T 1737 LOUISIANA RD SO DAYTONA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRASER, ALAN 4722 VAN KLEECK DR NEW SMYRNA BEACH FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCKENIE, MARILOU T 405 DRIFTWOOD DAYTONA BEACH, FL 32118	☐ Change ☑ Addition
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	VPD KONZ, RUTH T 33 CHIPPING WOOD LANE ORMOND BEACH, FL 32174	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Marshall Lewis REVISED 1-15-02 386 [illegible] 6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #