

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90073 026 ****70.00

DOCUMENT # 719104
 1. Entity Name
LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.

Principal Place of Business 3875 TIGER BAY ROAD DAYTONA BCH FL 32124 US	Mailing Address 3875 TIGER BAY RD DAYTONA BCH FL 32124-1063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1295986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CANTLEY, ERNEST D
 3875 TIGER BAY RD
 DAYTONA BEACH FL 32174

7. Name and Address of New Registered Agent

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: Ernest D. Cantley *Ernest D. Cantley* DATE: 2-18-2000
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D HUGER, JAMES E 835 SYCAMORE ST DAYTONA BCH FL	
D ATTICK, WILLIAM E 1308 PEACHTREE DR DAYTONA BCH FL	<input checked="" type="checkbox"/> Delete
T SERBOUSEK, TED P.O. BOX 751 N/A DAYTONA EBACH FL	<input type="checkbox"/> Delete
D LYNN, EVELYN 824 PENINSULA DR ORMOND BCH FL	<input checked="" type="checkbox"/> Delete
D BEIGHLE, J.W. 6327 PLAMES BAY CIR FT. ORANGE FL	<input type="checkbox"/> Delete
D MCGRATH, BARBARA 275 RIVERSIDE DR ORMOND EBACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Secretary Ann Burt 900 John Anderson Dr Ormond Bch, FL 32174	
TICE Chairman TED Serbousek P.O. BOX 751 DAYTONA BCH, FL 32115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T Treasurer Joan Kinder 1517 N. Halifax Dr Daytona Bch, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Chairman Barbara McGrath 275 Riverside Dr Ormond Bch, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: Barbara McGrath *Barbara McGrath* DATE: 2-18-2000 DAYTIME PHONE #: 904-947-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR