

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90056 010 \*\*\*\*61.25

**DOCUMENT # 721689**

1. Entity Name

**THE GREATER DAYTONA BEACH COIN CLUB, INC.**

Principal Place of Business

Mailing Address

BOX 291692  
 PORT ORANGE FL 32129

BOX 291692  
 PORT ORANGE FL 32129

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

**59-2379512**

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

**WYATT, CL**  
**633 INTERNATIONAL SPEEDWAY BLVD WEST**  
**DAYTONA BEACH 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CLEMENS, ELAINE	305 FIRST ST	ORMOND BEACH FL 32174				
D	KEFFER, CHARLES	720 LA GRANGE AVE	PORT ORANGE FL 32119				
D	WYATT, CL	140 W INTERNATIONAL SPEEDWAY BLVD	DAYTONA BEACH FL 32114				
P	HAWES, BOB	2101 DEBBY PLACE	DAYTONIA BEACH FL 32119				
D	LAFRANCE, ELISSA	1436 SUWANEE RD.	DAYTONA BEACH FL 32114				

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

*2/22/01* **386-788-8040**  
 Date Daytime Phone #

CR2E037 (10/00)