


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90501 028 ****61.25

DOCUMENT # 721689

1. Entity Name
THE GREATER DAYTONA BEACH COIN CLUB, INC.



Principal Place of Business
**BOX 291692
PORT ORANGE FL 32129**

Mailing Address
**BOX 291692
PORT ORANGE FL 32129**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WYATT, CL
633 INTERNATIONAL SPEEDWAY BLVD WEST
DAYTONA BEACH FL 32114**

4. FEI Number **59-2379512**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D CLEMENS, ELAINE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	305 FIRST ST
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE NAME	D WYATT, CL <input type="checkbox"/> Delete
STREET ADDRESS	140 W INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE NAME	P HAWES, BOB <input type="checkbox"/> Delete
STREET ADDRESS	2101 DEBBY PLACE
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE NAME	D LAFRANCE, ELISSA <input type="checkbox"/> Delete
STREET ADDRESS	1436 SUWANEE RD.
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TREASURER
CITY-ST-ZIP	VIRGINIA DORN BACH
	227 GROVE ST
	ORMOND BEACH FL 32174
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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**

2/23/03 386-788-8140

CR2E037 (10/02)