

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90185 039 ****61.25

DOCUMENT # 723330
 1. Entity Name
MEDCOM CONDOMINIUM, INC

Principal Place of Business 1435 DUNN AVENUE DAYTONA BCH FL 32114	Mailing Address 1435 DUNN AVENUE DAYTONA BCH FL 32114-1437
---	--

501302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1445 DUNN AVE	3. Mailing Address 1445 DUNN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAYTONA BEACH, FL	City & State DAYTONA BEACH, FL
Zip 32114	Country

4. FEI Number **59-1398883** Applied For Not Applied

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

6. Name and Address of Current Registered Agent
**TWEED, MD C GILBERT
 1435 DUNN AVE
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
 Name **DIESMOND J. KAVANAGH**
 Street Address (P.O. Box Number is Not Acceptable)
1445 DUNN 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]* **SEEY** DATE **1-20-00**
Signature, typed or printed name of registered agent and title 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 PD	<input checked="" type="checkbox"/> Delete
NAME TWEED, C. GILBERT	
STREET ADDRESS 1435 DUNN AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE VD	<input type="checkbox"/> Delete
NAME TWEED, TERESA	
STREET ADDRESS 1435 DUNN AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME KAVANAGH, EDEN	
STREET ADDRESS 1445 DUNN AVENUE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIEBRACIA, ROMEO	
STREET ADDRESS 1445 DUNN AVE	
CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIESMOND J. KAVANAGH	
STREET ADDRESS 1445 DUNN AVE	
CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* **SIGNATURE REQUIRED** DATE **1-19-00** DAYTIME PHONE # **904 258-0123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR