

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90024 030 \*\*\*\*61.25

**DOCUMENT # 724779**

1. Entity Name

**DAYTONA BEACH ORCHID SOCIETY, INC.**

Principal Place of Business

Mailing Address

**SICA HALL  
 1065 DAYTONA AVE  
 HOLLY HILL FL 32117  
 US**

**P. O. BOX 250194  
 HOLLY HILL FL 32125-0194  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7256690**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARRINGTON, JOHN C  
 715 AVONDALE AVE  
 HOLLY HILL FL 32117**

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 **P**  
 NAME **NEWMAN, JAMES**  
 STREET ADDRESS **87 BOSARVEY DR**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

Delete

TITLE **T**  Change  Addition  
 NAME **Debra Brandt**  
 STREET ADDRESS **349 Tropical Ln.**  
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **DTR**  
 NAME **KEBODEAUX, VERNON**  
 STREET ADDRESS **326 COTTRILL AVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  
 NAME **ZIFFRA, KIM**  
 STREET ADDRESS **4242 CARDINAL BLVD**  
 CITY-ST-ZIP **SOUTH DAYTONA FL 32127**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  
 NAME **PEARSON, ROYDEN**  
 STREET ADDRESS **75 LINCOLN AVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

Delete

TITLE **P**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  
 NAME **COWFER, LUCIENNE**  
 STREET ADDRESS **120 W. LAKESIDE DR**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  
 NAME **CRANE, AMY**  
 STREET ADDRESS **705 BRANCH DR**  
 CITY-ST-ZIP **PORT ORANGE FL 32127**

Delete

TITLE  Change  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:

*Royden Pearson*  
**Royden Pearson**

3.10.00

(904)677-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)