

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90120 043 \*\*\*\*61.25

**DOCUMENT # 724779**

1. Entity Name

**DAYTONA BEACH ORCHID SOCIETY, INC.**

00023104



DO NOT WRITE IN THIS SPACE

Principal Place of Business SICA HALL 1065 DAYTONA AVE HOLLY HILL FL 32117 US	Mailing Address P. O. BOX 250194 HOLLY HILL FL 32125-0194 US
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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 <b>23-7256690</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  HARRINGTON, JOHN C 715 AVONDALE AVE HOLLY HILL FL 32117
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<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (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	
T NAME: BRANDT, DEBRA STREET ADDRESS: 349 TROPICAL LANE CITY-ST-ZIP: ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
DTR NAME: KEBODEAUX, VERNON STREET ADDRESS: 326 COTTRILL AVE CITY-ST-ZIP: DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
S NAME: ZIFFRA, KIM STREET ADDRESS: 4242 CARDINAL BLVD CITY-ST-ZIP: SOUTH DAYTONA FL 32127	<input type="checkbox"/> Delete
P NAME: PEARSON, ROYDEN STREET ADDRESS: 75 LINCOLN AVE CITY-ST-ZIP: ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
VPD NAME: COWFER, LUCIENNE STREET ADDRESS: 120 W. LAKESIDE DR CITY-ST-ZIP: DAYTONA BEACH FL 32124	<input checked="" type="checkbox"/> Delete
VPD NAME: CRANE, AMY STREET ADDRESS: 705 BRANCH DR CITY-ST-ZIP: PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<del>VP NAME: CHERYL BOND STREET ADDRESS: 437 N. HALIFAX AVE. UNIT#5 CITY-ST-ZIP: DAYTONA BEACH, FL 32118-4042</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ADDITION</b> VP NAME: CHERYL BOND STREET ADDRESS: 437 N. HALIFAX AVE. UNIT#5 CITY-ST-ZIP: DAYTONA BEACH, FL 32118-4042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>ADDITION</b> D NAME: JERRY PLUMLEE STREET ADDRESS: 44 COQUINA POINT DR. CITY-ST-ZIP: ORMOND BEACH, FL 32174-8277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<del>D NAME: JERRY PLUMLEE STREET ADDRESS: 44 COQUINA POINT DR. CITY-ST-ZIP: ORMOND BEACH, FL 32174-8277</del>	<input type="checkbox"/> Change <input checked="" 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 like empowered.

**SIGNATURE:** Royden Pearson, President *Royden Pearson* **386-677-4660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)