

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Sep 19, 2002 8:00 am
Secretary of State

05-27-2002 90487 006 ****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

Zip

Country

Zip

Country

4. FEI Number

23-7256690

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

**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	<input type="checkbox"/> Delete
NAME	BRANDT, DEBRA
STREET ADDRESS	349 TROPICAL LANE
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	DTR KEBODEAUX, VERNON
STREET ADDRESS	326 COTTRILL AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input type="checkbox"/> Delete
NAME	S ZIFFRA, KIM
STREET ADDRESS	4242 CARDINAL BLVD
CITY-ST-ZIP	SOUTH DAYTONA FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	P PEARSON, ROYDEN
STREET ADDRESS	75 LINCOLN AVE
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	VP BOND, CHERYL
STREET ADDRESS	437 N HALIFAX AVE UNIT #5
CITY-ST-ZIP	DAYTONA BEACH FL 32118-4042
TITLE	<input type="checkbox"/> Delete
NAME	D PLUMLEE, JERRY
STREET ADDRESS	44 COQUINA POINT DRIVE
CITY-ST-ZIP	ORMOND BEACH FL 32174-8277

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Barbara Fine
STREET ADDRESS	1167 Buena Vista Dr
CITY-ST-ZIP	Holly Hill FL 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Michael Hicks
STREET ADDRESS	44 Coquina Pt. Dr.
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Louis A. Martino
STREET ADDRESS	1 Katrinas DR
CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita D Gray
STREET ADDRESS	4505 Clyde Morris DR
CITY-ST-ZIP	Daytona Beach FL 32119
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Harold Mitchell
STREET ADDRESS	5972 Shady Creek Ln.
CITY-ST-ZIP	Port Orange FL 32128
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Peggy Appleby
STREET ADDRESS	20 Coquina Pt Dr
CITY-ST-ZIP	Ormond Beach FL 32174

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 I am empowered.

SIGNATURE:

Barbara Fine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 (386) 258-277

CR2E037 (9/01)