

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745795

1. Entity Name

WEST VOLUSIA ASSOCIATION OF REALTORS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90066 019 ****61.25

Principal Place of Business 425 S. VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 425 S. VOLUSIA AVENUE ORANGE CITY FL 32763-5807
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DO NOT WRITE IN THIS SPACE

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 59-1549541	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent*

BACON, DEBORAH
425 S VOLUSIA AVE
ORANGE CITY FL 32763

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.

SIGNATURE Deborah Bacon (NOTE: Registered Agent signature required when reinstating)

DATE 2/23/00

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, JAMES H 537 DELTONA BLVD #101 DELTONA FL 32725	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, ALLISON 136 E PLYMOUTH AVE DELAND FL 32724	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINNEY, MELISSA 3063 ENERPRISE RD STE 1 DEBARY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKENE, DIDNE 760 S VOLUSIA AVE ORANGE CITY FL 32763	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, WARREN 899 E NEW YORK AVE DELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUMGARTNER, TROY 101 N WOODLAND BLVD STE 600 DELAND FL 32720	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jalene Stockhausen 899 East New York Ave. Deland, FL 32724	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lee Dean 1510 Twin Oaks , Deland, FL 32720	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ 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: SIGNATURE REQUIRED 2/23/00 904-774-6433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)