

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90034 047 ****61.25

DOCUMENT # 745795

1. Entity Name

WEST VOLUSIA ASSOCIATION OF REALTORS, INC.

Principal Place of Business

**425 S. VOLUSIA AVENUE
 ORANGE CITY FL 32763**

Mailing Address

**425 S. VOLUSIA AVENUE
 ORANGE CITY FL 32763**

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

7. Name and Address of New Registered Agent

Bacom

**BACON, DEBORAH
 425 S VOLUSIA AVE
 ORANGE CITY FL 32763**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LAWRENCE, JAMES H**
 CITY-ST-ZIP **537 DELTONA BLVD #101
 DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CARSON, ALLISON**
 CITY-ST-ZIP **136 E PLYMOUTH AVE
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **STOCKHAUSEN, JALENE**
 CITY-ST-ZIP **899 E NEW YORK AVE
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **DEAN, LEE**
 CITY-ST-ZIP **1510 TWIN OAKS
 DELAND FL 32720**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **Laura Merenda**
 CITY-ST-ZIP **537 Deltona Blvd. Site 203
 Deltona, FL 32725**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TODD, WARREN**
 CITY-ST-ZIP **899 E NEW YORK AVE
 DELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAUMGARTNER, TROY**
 CITY-ST-ZIP **101 N WOODLAND BLVD STE 600
 DELAND FL 32720**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)