

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745795

1. Entity Name

WEST VOLUSIA ASSOCIATION OF REALTORS, INC.

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90134 021 ****61.25

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
BAGON, 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.
LAWRENCE, JAMES H
STREET ADDRESS 537 DELTONA BLVD. #101
CITY-ST-ZIP DELTONA FL 32725

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

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

TITLE ☐ Change ☒ Addition
NAME D
Kathy Sanders
STREET ADDRESS 201 W Plymouth Ave.
CITY-ST-ZIP Deland, FL 32720

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

TITLE ☒ Change ☐ Addition
NAME D
Dick D...
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
MERENDA, LAURA
STREET ADDRESS 537 DELTONA BLVD STE 203
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☒ Addition
NAME T
Lee Jean
STREET ADDRESS 1510 Twin Oaks Dr.
CITY-ST-ZIP Deland, FL 32720

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

TITLE ☐ Change ☒ Addition
NAME D
John Clare
STREET ADDRESS 1425 S. Volusia Ave.
CITY-ST-ZIP Orange City, FL 32763

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

TITLE ☐ Change ☒ Addition
NAME S
Cynthia Letourneau
STREET ADDRESS 136 E Plymouth Ave
CITY-ST-ZIP Deland, FL 32724

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 #

1/29/02 386-774-6433

CR2E037 (9/01)