

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763692

1. Entity Name

EXECUTIVE ASSOCIATION OF DAYTONA BEACH, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90020 031 ****61.25

Principal Place of Business

Mailing Address

50 SANDRA DR.
 ORMOND BEACH FL 32176
 US

50 SANDRA DR.
 ORMOND BEACH FL 32176-3121
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3023144

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COWLES, DEE YOUNG
 2276 BAYLESS BLVD., #3A
 DAYTONA BEACH FL 32114

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE:

FILE NOW:
FEES 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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PATTY LEE	
STREET ADDRESS	1474 WEST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, DAVE	
STREET ADDRESS	570 S. U.S. #1	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRETZ, SCOTT	
STREET ADDRESS	562 N. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNDERWOOD, PATTY	
STREET ADDRESS	50 SANDRA DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAGLE, CHRISTY	
STREET ADDRESS	140 S ATLANTIC AVENUE	
CITY-ST-ZIP	ORMOND BEACH F	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVERREAU, ROBERT	
STREET ADDRESS	200 SOUTH RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN BALABAN	
STREET ADDRESS	433 SILVER BEACH AVE., #101	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, DOUG	
STREET ADDRESS	806 BANBURY DR	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPSCH, GLENN	
STREET ADDRESS	258 RIVERSIDE DR	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIG SCOTT FRETZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-16-00
 Daytime Phone #: 904-258-8600