

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90339 010 \*\*\*\*61.25

**DOCUMENT # 763692**

1. Entity Name  
**EXECUTIVE ASSOCIATION OF DAYTONA BEACH, INC.**

Principal Place of Business 50 SANDRA DR. ORMOND BEACH FL 32176 US	Mailing Address 50 SANDRA DR. ORMOND BEACH FL 32176 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**00029841**



DO NOT WRITE IN THIS SPACE

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 <b>SCOTT FRETZ</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>562 N Ridgewood Ave</b>			
				City <b>DAYTONA BEACH FL</b>		Zip Code <b>32114</b>	

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 Scott Fretz SCOTT FRETZ 3/21/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALABAN, LYNN</b> <b>433 SILVER BEACH AVE 101</b> <b>DAYTONA BEACH FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STARK, DAVE</b> <b>570 S. U.S. #1</b> <b>ORMOND BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRETZ, SCOTT</b> <b>532 N. RIDGEWOOD AVE.</b> <b>DAYTONA BEACH FL 32114</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>UNDERWOOD, PATTY</b> <b>50 SANDRA DR.</b> <b>ORMOND BEACH FL 32176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAGLE, CHRISTY</b> <b>140 S ATLANTIC AVENUE</b> <b>ORMOND BEACH F</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVERREAU, ROBERT</b> <b>200 SOUTH RIDGEWOOD AVENEU</b> <b>DAYTONA BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott Fretz SCOTT FRETZ 3/21/01 386-258-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)