2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770082

1. Entity Name
SUNSHINE SAFETY COUNCIL, INC.

Principal Place of Business
150 NO BEACH STR
DAYTONA BCH FL 32114
US

Mailing Address
150 NO BEACH STR
DAYTONA BCH FL 32114
US

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2372470

Applied For

Not Applicable

5. Certificate of Status Desired
☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOUNTCASTLE, ARTHUR
150 N. BEACH STREET
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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.


☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

FILE NOW: FEE IS $61.25

10. OFFICERS AND DIRECTORS

NAME
BENNETT, RUSSELL

NAME
GREENE, BARBARA

NAME
MCINTIRE, JAMES

NAME
VON NIEDA, HAROLD

NAME
MARKOS, GEORGE

NAME
MOUNTCASTLE, ARTHUR, M.

STREET ADDRESS
880 OLD MILL RUN
ORMOND BEACH FL 32174

STREET ADDRESS
4041 S NOVA ROAD
PORT ORANGE FL 32127

STREET ADDRESS
8 RIVERINE DRIVE
PALM COAST FL 32164

STREET ADDRESS
100 S. RIDGEWOOD AVE.
EDGEWATER FL 32132

STREET ADDRESS
PO BOX 2811
DAYTONA BEACH FL 32120-2811

STREET ADDRESS
1341 GOLFVIEW DRIVE
DAYTONA BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

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☐ 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 AND Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 5/28/02

Daytime Phone: #