

2001 UNIFORM BUSINESS REPORT (FR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

02-07-2001 90162 026 ****61.25

DOCUMENT # N00000004239

1. Entity Name

THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH

Principal Place of Business

**25 RIVERSIDE DR.
 ORMOND BCH FL 32176**

Mailing Address

**25 RIVERSIDE DR.
 ORMOND BCH FL 32176**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3658422

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYES, RANDAL A ESQ.
 173 S. BEACH ST.
 ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

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

TITLE	P D	<input type="checkbox"/> Delete
NAME	Marian Pearce	
STREET ADDRESS	52 Riverside Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	VP/T D	<input type="checkbox"/> Delete
NAME	Claire Eshenaur	
STREET ADDRESS	299 Gatewood Ct	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	S D	<input type="checkbox"/> Delete
NAME	Gloria Wilkinson	
STREET ADDRESS	2810 Oceanshore Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED *CLAIRE ESHENAU* *Claire Eshenaur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-05-01** Daytime Phone # **672-3086**

CR2ED37 (10/00)