## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000004239

1. Entity Name

## THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH

Principal Place of Business	"	Mailing Address 25 RIVERSIDE DR. ORMOND BCH FL 32176						
25 RIVERSIDE DR. ORMOND BCH FL 32176								
2. Principal Place of Business		3. Mailing Address	<u></u>					
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State						
								7in

## **FILED** Jul 28, 2002 8:00 am Secretary of State 07-28-2002 90177 029 \*\*\*\*61.25



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2. Principal	illing Address	ng Address							<b>.</b>				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State C			City & State			4. FEI Number				Applied For			
							59-3658422				Not Applicable		
Zip Country Zip					Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Curre	ent Register	ed Agent			· · · · ·	7. Name ar	nd Address of	New Registe	ered Agent		]
HAYES, RANDAL A ESQ.					-	Name							7
						Street Address (P.O. Box Number is Not Acceptable)							
173 S. BE									<del></del>	<u>.</u>			4
ORMOND	BCH FL 321	174											1
						City			,		FL Zip C	ode	7
8. The above	e named entity	y submits this statemen	nt for the purr	nose of changing its	registere	d office or	rogistor	ed agent or h	oth in the state	of Elorida	· •		-
		y dabinito tino otatornon	ic tor the park	occor or changing its	a registere	so office of	registere	eu agent, or b	on, in the state	o Florida.			
								•					
SIGNATURE													)
	Signature, typed	or printed name of registered ag	gent and title if ap	plicable. (NO)	E: Registered	d Agent signatu	re required	when reinstating)	_	C	DATE		
								-	.				$\dashv$
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			\$5.00 May Be Make Check Payable			le to				
				Trust Fund	Contributi	on.		Added to Fee	s	Depar	tment of Sta	ate	
10.		OFFICERS AND	DIRECTORS		11.		٨	DONITIONS /C	HANCES TO O	ECICEDO AN	ID DIRECTORS	IN 40	4
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STREET ADDRESS	52 RIVERSI					ET ADDRESS							37 (
CITY-ST-ZIP	ORMOND E	BEACH FL 32176			CITY-	ST-ZIP					<u>-</u>		Ϊ
TITLE	VPTD		***************************************	Delete	TITLE		VPD	· · · · · · · · · · · · · · · · · · ·			☐ Change	e XAddition	CR2F037
NAME	ESHENAUF			• •	NAME	:	BEL		SY	-1		34	1
STREET ADDRESS	299 GATEV			STRE		T ADDRESS	1 1	OHN ANDERSON # 214					
CITY-ST-ZIP		BEACH FL 32174			CITY-	ST-ZIP	OR	WOND	BELL	t, FL	3217	٣	╛
TITLE * -	S/D			Delete	TITLE		TD	تلآ			☐ Change	Addition	7
NAME	WILKINSON	I, GLURIA INSHORE BLVD			NAME		الماليا	,	ENDRIX	ماسيا			
STREET ADDRESS CITY-ST-ZIP	I .	BEACH FL 32176				T ADDRESS	134	Deer	CAKE	414L	2		
	OUMOIND F	DEMOTIFE 321/0	<del></del>			ST-ZIP		WOND	DVAC	, FL.	32174		_
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STREET ADDRESS					NAME	T ADDRESS	Q-T-	1:0:10:	or Chu	2.1			
CITY-ST-ZIP						ST-ZIP	87.	A LEHON	Biskon	اکا .	32174	<b>.</b>	
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12. Thereby	certify that the	information supplied w	ith this filing	does not qualify for	the exem	nption state	ed in Sect	tion 119,07(3)	(i), Florida Statu	ites. I furthe	r certify that the	information	Ť

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: