

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90177 029 ****61.25

DOCUMENT # N00000004239

1. Entity Name

THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH, INC.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	PEARCE, MARIAN	52 RIVERSIDE DR.	ORMOND BEACH FL 32176	<input type="checkbox"/>
VPTD	ESHENAU, CLAIRE	299 GATEWOOD CT	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
S/D	WILKINSON, GLORIA	2810 OCEANSHORE BLVD	ORMOND BEACH FL 32176	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	BECK, PEGGY	1 JOHN ANDERSON #314	ORMOND BEACH, FL. 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TP	LINDA HENDRIX	134 DEER LAKE Circle	ORMOND BEACH, FL. 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SP	WHITE, JOYCE	87 NICHOLAS COURT	ORMOND BEACH, FL. 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02

Date

Daytime Phone #

CR2E037 (9/01)