

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005475

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: SEABREEZE FOOTBALL BOOSTERS, INC.

**Current Principal Place of Business:**

2700 N ORLEANDER AVE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2700 N ORLEANDER AVE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-3268757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECK, DAVID B ESQ  
404 N HALIFAX AVE  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BECK, DAVID B  
Address: 106 SHADY BRANCH TR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: DURRANCE, THOMAS L  
Address: 860 HULL RD  
City-St-Zip: ORMUND BCH, FL 32173

Title: D ( ) Delete  
Name: TAFT, CHERYL  
Address: 422 SEAVIEW AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BECK, DAVID B  
Address: 9 BIRCHWOOD TR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: WILSON, PAM  
Address: 36 RIVERRIDGE TRAIL  
City-St-Zip: ORMUND BCH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. BECK

D

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date