

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90028 018 ****70.00

DOCUMENT # N17610

1. Entity Name

LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING

Principal Place of Business

Mailing Address

C/O GAIL CAMPUTARO
 160 N BEACH ST
 DAYTONA BEACH FL 32114
 US

C/O GAIL CAMPUTARO
 PO BOX 671
 DAYTONA BEACH FL 32115-0671
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2785991

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPUTARO, GAIL F.
 160 N BEACH ST
 DAYTONA BEACH FL 32114

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 **VD** Delete
 NAME **POLLOCK, EDWARD**
- STREET ADDRESS **9 CHOCTAW TRAIL**
- CITY-ST-ZIP **ORMOND BEACH FL 32174**
- TITLE **CD** Delete
 NAME **STACK, MELVIN**
- STREET ADDRESS **444 SEABREEZE BLVD, SUITE 400**
- CITY-ST-ZIP **DAYTONA BCH FL 32118**
- TITLE **TD** Delete
 NAME **ZINER, ANTHONY**
- STREET ADDRESS **154 SEA HAWK DR**
- CITY-ST-ZIP **DAYTONA BEACH FL 32119**
- TITLE **SD** Delete
 NAME **EUBANK, MARJORIE**
- STREET ADDRESS **220 S RIDGEWOOD AVENUE**
- CITY-ST-ZIP **DAYTONA BEACH FL 32114**
- TITLE Delete
 NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
 NAME
- STREET ADDRESS
- CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE Change Addition
 NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **D** Change Addition
 NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **CD** Change Addition
 NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
 NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
 NAME **VD PEPIN, MICHAEL A.**
- STREET ADDRESS **10 JILL ALISON CIRCLE**
- CITY-ST-ZIP **ORMOND BEACH, FL 32176**
- TITLE Change Addition
 NAME **TD FRASER, ALAN R.**
- STREET ADDRESS **5207 SOUTH ATLANTIC AVENUE #723**
- CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

CR2E037 (9/99)

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:

Anthony J. Ziner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony J. Ziner, Chairman

02/29/00

(904) 253-4700

Date

Daytime Phone #