

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0010504

**DOCUMENT # N39106**

1. Entity Name

**CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.**

04-07-2002 90051 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

123 W INDIANA AVE  
 DELAND FL 32720-4613  
 US

123 W INDIANA AVE  
 DELAND FL 32720-4613  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Sulte, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3024439**

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

**SCHNEBLY, TURA**  
 123 W INDIANA AVE  
 DELAND FL 32720-4613

Name  
**John C. MacConnell**

Street Address (P.O. Box Number is Not Acceptable)  
 123 W. Indiana Avenue

City  
 DeLand

FL

Zip Code  
 32720-4613

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 John C. MacConnell Jr. John C. MacConnell 3-12-02

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	STREB, WILLIAM F	2880 E CANAL ROAD	DELTONA FL 32738	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WARREN, SANDRA M	2006 BERRIEN DRIVE	DELTONA FL 32738	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TRAVERS, WILLIAM R	1289 WORTHINGTON DR	DELTONA FL 32738	<input checked="" type="checkbox"/>	D	Murphy, Jeremiah	1645 Brady Drive	Deltona, FL 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ESTES, JOHN D	1215 SKY LANE	DELAND FL 32720	<input checked="" type="checkbox"/>	D	Brown, Louise	119 S. Leon Avenue	DeLand, FL 32720	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GREIN, MARLEE A	34 MARANJA ROAD	DEBARY FL 32713	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MD	JANSEN, LEONARD B	2557 SHIPROCK CT.	DELTONA FL 32738	<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

3-27-02 386-736-5961  
 Date Daytime Phone #

CR2E037 (9/01)