

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N47822**

1. Entity Name

**DELAND AREA CRUISERS, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90028 029 \*\*\*\*61.25

Principal Place of Business P.O. BOX 1613 DELAND FL 32721-1613	Mailing Address P.O. BOX 1613 DELAND FL 32721-1613
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DO NOT WRITE IN THIS SPACE

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 <b>59-3118742</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**TEAL, MICHAEL S.**  
**114 W. RICH AVENUE**  
**DELAND FL 32720**

**7. Name and Address of New Registered Agent**

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  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, BETTY</b>	
STREET ADDRESS	<b>830 S. WOODWARD AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, RICHARD</b>	
STREET ADDRESS	<b>1539 HAYDEN STREET</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHEEDY, PATRICIA</b>	
STREET ADDRESS	<b>140 E. MICHIGAN AVE</b>	
CITY-ST-ZIP	<b>LAKE HELEN FL 32744</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MEYERS, BARRY</b>	
STREET ADDRESS	<b>105 N CARPENTER AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia Sheedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb. 2, 2000 904-228-2905  
Daytime Phone #

CR2E037 (9/99)