

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90039 037 ****61.25

DOCUMENT # N93000000753

1. Entity Name

THE DISTRICT BOARD OF TRUSTEES OF THE DELAND DIS

Principal Place of Business

Mailing Address

**303 E KENTUCKY
 DELAND FL**

**303 E KENTUCKY
 DELAND FL**

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

59-2252935

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOEHM, J. RICHARD
 435 S RIDGEWOOD AVE
 DAYTONA BEACH FL 32122**

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	T	<input type="checkbox"/> Delete
NAME	MELTON, HUBERT	
STREET ADDRESS	33 FREEPORT LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	PT	<input type="checkbox"/> Delete
NAME	GALLO, RICHARD REV.	
STREET ADDRESS	211.N. RIDGEWOOD	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPELL, ERNEST	
STREET ADDRESS	ROUTE 6, BOX 472	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, JOAN	
STREET ADDRESS	650 N. JEANNETTE LANE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADDOCK, MICHAEL	
STREET ADDRESS	744 SHAW LAKE RD	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEA, DR, JEANNE	
STREET ADDRESS	59 BLACK ALDER DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isner, Gary	
STREET ADDRESS	2253 John Anderson	
CITY-ST-ZIP	Ormond Beach, FL 32176	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Herman	
STREET ADDRESS	PO Box 1483	
CITY-ST-ZIP	Interlachen	

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 817, 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 of Michael Braddock
 SIGNATURE REQUIRED **4/30/01 904-734-1059**

CR2E037 (10/00)