2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 08:00 AM
Secretary of State

DOCUMENT # N93000004237

1. Entity Name
HALIFAX HEALTHY FAMILIES CORPORATION

Principal Place of Business	Mailing Address
303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	303 N. CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US

2. Principal Place of Business	3. Mailing Address
303 N. CLYDE MORRIS BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH FL	City & State
Zip: 32114 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3216270 ☐ Applied For ☐ Not Applicable

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
DAVIDSON DAVID JESQ. 303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114 US	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 _____ 02/03/2000
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	C MILLER FRED 200 NORTH CLARA AVENUE DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D MILLER FRED 200 NORTH CLARA AVENUE DELAND FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD KATHY 401 PALMETTO ST NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD KATHY 401 PALMETTO ST NEW SMYRNA BEACH FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PECK EDWIN W. J 303 NORTH CLYDE MORRIS DAYTONA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNSFORD AUBREY 121 VIA CAPRI NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ST PECK EDWIN JR. 2430 S. ATLANTIC AVE., STE. F DAYTONA BEACH SHORES FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REES RON 2906 RIVERPOINT DR DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REES RON R 2906 RIVERPOINT DR DAYTONA BEACH FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHAEFFER DEE 655 N CLYDE MORRIS BLVD DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P SCHAEFFER DEANNA 655 N CLYDE MORRIS BLVD, STE A DAYTONA BEACH FL 32114	☒ Change ☐ Addition

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.