

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90018 019 \*\*\*\*61.25

**DOCUMENT # N93000004579**

1. Entity Name

**COMMUNITY VOLUNTEER CONTACT CENTER, INC.**

Principal Place of Business

Mailing Address

**NORTH WOOD VILLAGE  
 1200 NINTH ST  
 DAYTONA BEACH FL 32117  
 US**

**NORTH WOOD VILLAGE  
 1200 NINTH ST  
 DAYTONA BEACH FL 32117-3242  
 US**

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

**59-3265770**

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

**JONES, OTHA  
 140 S. CAROLINE STREET  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SWINTON, RUFUS</b>	
STREET ADDRESS	<b>611 HUDSON ST</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, OTHA</b>	
STREET ADDRESS	<b>140 S. CAROLINE ST.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>TT</b>	<input type="checkbox"/> Delete
NAME	<b>GARRETT, BERTHA</b>	
STREET ADDRESS	<b>633 RUSSELL DR</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, RILEY R</b>	
STREET ADDRESS	<b>221 GEORGE TOWNE BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL 32114</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HORNE, LEOLA C</b>	
STREET ADDRESS	<b>743 MERCEDES AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I2. 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:** *RUFUS SWINTON* **RUFUS Swinton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2000 (904) 253-9578  
 Date Daytime Phone #

CR2E037 (9/99)