2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **N96000003087**

1. Entity Name
CRIME STOPPERS OF VOLUSIA COUNTY, INC.

Principal Place of Business		Mailing Address	
926 S. RIDGEWOOD AVE		P O BOX 11514	
DAYTONA BEACH	FL	DAYTONA BCH	FL
32114		321201514	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3395571** ☐ 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
MACFADYEN BONNIE	Name
926 S. RIDGEWOOD AVE	Street Address (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL	
32114	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 **BONNIE MACFADYEN** **05/04/2001**
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 MD ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME MACFADYEN BONNIE		NAME	
STREET ADDRESS 926 S. RIDGEWOOD AVE		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP	
TITLE T ☐ Delete		TITLE D ☒ Change ☐ Addition	
NAME CESARE JOHN D		NAME CANADA VAN	
STREET ADDRESS 6156 SHORELINE DR		STREET ADDRESS 926 S. RIDGEWOOD AVE.	
CITY-ST-ZIP PT ORANGE FL 32127		CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE T ☐ Delete		TITLE D/V ☒ Change ☐ Addition	
NAME ROBERTSON MARK		NAME ROBERTSON MARK	
STREET ADDRESS 926 S. RIDGEWOOD AVE		STREET ADDRESS 926 S. RIDGEWOOD AVE	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE P ☐ Delete		TITLE D/T ☒ Change ☐ Addition	
NAME CANADA VAN		NAME OKHOVATIAN MAHYAR	
STREET ADDRESS 926 S. RIDGEWOOD AVE		STREET ADDRESS 926 S. RIDGEWOOD AVE	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE D ☐ Delete		TITLE P ☒ Change ☐ Addition	
NAME RITCHEY GLENN		NAME RITCHEY GLENN	
STREET ADDRESS 1131 N. HALIFAX AVE		STREET ADDRESS 1131 N. HALIFAX AVE	
CITY-ST-ZIP DAYTONA BEACH FL 32118		CITY-ST-ZIP DAYTONA BEACH FL 32118	
TITLE S ☐ Delete		TITLE S ☒ Change ☐ Addition	
NAME VOGEL TOM		NAME MACFADYEN BONNIE R	
STREET ADDRESS 141 WOODCOCK CIR		STREET ADDRESS 926 S. RIDGEWOOD AVE.	
CITY-ST-ZIP DAYTONA BCH FL 32119		CITY-ST-ZIP DAYTONA BEACH FL 32114	

CR2E037 (11/00)

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: Bonnie MacFadyen MD 05/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #