

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770082

1. Entity Name

SUNSHINE CHAPTER, NATIONAL SAFETY COUNCIL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90922 004 ****70.00

Principal Place of Business

150 NO BEACH STR
DAYTONA BCH FL 32114
US

Mailing Address

150 NO BEACH STR
DAYTONA BCH FL 32114-3308
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 **59-2372470**

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

MOUNTCASTLE, ARTHUR
150 N. BEACH 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 **DVC** ☐ Delete
NAME **BENETT, RUSSELL**
STREET ADDRESS **880 OLD MILL RUN**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **I** ☐ Delete
NAME **GREENE, BARBARA**
STREET ADDRESS **4041 S NOVA ROAD**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCINTIRE, JAMES**
STREET ADDRESS **8 RIVERINE DRIVE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☒ Delete
NAME **CARTER, DAVID**
STREET ADDRESS **444 SEABREEZE BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **DC** ☐ Change ☒ Addition
NAME **Von Niede, Harold**
STREET ADDRESS **100 S Ridgewood Avenue**
CITY-ST-ZIP **Edgewater, FL 32132**

TITLE **D** ☒ Delete
NAME **BURGOYNE, DENNIS**
STREET ADDRESS **400 N CLYDE MORRIS BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Change ☒ Addition
NAME **George Markos**
STREET ADDRESS **P O Box 2811**
CITY-ST-ZIP **Daytona Beach, FL 32120-2811**

TITLE **S** ☐ Delete
NAME **MOUNTCASTLE, ARTHUR, M.**
STREET ADDRESS **1341 GOLFVIEW DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Change ☐ 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: *Arthur M. Mountcastle* **Arthur M. Mountcastle, CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)