2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770082

1. Entity Name
SUNSHINE SAFETY COUNCIL, INC.

Principal Place of Business
150 NO BEACH STR
DAYTONA BCH FL 32114
US

Mailing Address
150 NO BEACH STR
DAYTONA BCH FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

MOUNTCASTLE, ARTHUR
150 N. BEACH STREET
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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.

DATE

FILE NOW:
FEE IS $51.25

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

TITLE
DVC

NAME
BENNETT, RUSSELL

STREET ADDRESS
880 OLD MILL RUN

CITY-ST-ZIP
ORMONDBEACH FL 32174

Delete

TITLE
T

NAME
GREENE, BARBARA

STREET ADDRESS
4041 S NOVA ROAD

CITY-ST-ZIP
PORT ORANGE FL 32127

Delete

TITLE
D

NAME
MONTCRETE, JAMES

STREET ADDRESS
8 RIVERINE DRIVE

CITY-ST-ZIP
PALM COAST FL 32164

Delete

TITLE
DC

NAME
VON NIEDA, HAROLD

STREET ADDRESS
100 S. RIDGEWOOD AVE.

CITY-ST-ZIP
EDGECITY FL 32132

Delete

TITLE
D

NAME
MARKOS, GEORGE

STREET ADDRESS
PO BOX 2811

CITY-ST-ZIP
DAYTONA BEACH FL 32120-2811

Delete

TITLE
S

NAME
MOUNTCASTLE, ARTHUR, M.

STREET ADDRESS
1341 GOLFVIEW DRIVE

CITY-ST-ZIP
DAYTONA BEACH FL

PVC

Bennett, Russell

880 Old Mill Run

Ormond Beach, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CPE307 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(e), 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:  

Mountcastle, Sec.