

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90112 044 ****61.25

DOCUMENT # N05482

1. Entity Name

CITIZENS FOR ORMOND BEACH, INC.

Principal Place of Business

55 E GRANADA BLVD
P.O. BOX 31
ORMOND BEACH FL 32175

Mailing Address

55 E GRANADA BLVD
P.O. BOX 31
ORMOND BEACH FL 32175

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

59-2432976

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

~~PRIVETT, JAMES~~

215 GROVE ST
ORMOND BEACH FL 32176

Name
LAURA R. JONES

Street Address (P.O. Box Number is Not Acceptable)

59 AMSDEN ROAD

City

ORMOND BEACH

FL

Zip Code
32176

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

Laura R. Jones - Laura R. Jones Jan. 14, 2002

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRIVETT, JAMES	
STREET ADDRESS	215 GROVE ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRIERT, JAMES	
STREET ADDRESS	215 GROVE ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174-6403	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARKERSON, JOHN	
STREET ADDRESS	110 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174-5604	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, LAURA	
STREET ADDRESS	59 AMSDEN RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176-4710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN NAVE	
STREET ADDRESS	414 MAIN TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PER SAVERSTROM	
STREET ADDRESS	107 CYPRESS GROVE LANE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY C. PARKERSON	
STREET ADDRESS	110 N BEACH ST TD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SECRETARY SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD O. PHILLIPS	
STREET ADDRESS	18120 QUOLIS TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *John C. Parkerson* (John C. Parkerson)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-02 (386) 672-3528

Date

Daytime Phone

corrected 2-22-02

SCP
John C. Parkerson