

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-14-2003 90082 015 ****61.25

DOCUMENT # 701876

1. Entity Name

**THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTON
A BEACH AREA, INC.**



Principal Place of Business

**56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176**

Mailing Address

**56 N. HALIFAX DRIVE
ORMOND BEACH FL 32176**

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 **59-1539383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLIOTT JR, PHILIP H
125 S PALMETTO AVE
DAYTONA BCH. 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	SCHLIEPER, TEINHOLD	
STREET ADDRESS	23 SEAFARING PATH	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MARSHA	
STREET ADDRESS	910 BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEGNER, STEVEN T	
STREET ADDRESS	1737 LOUISIANA RD	
CITY-ST-ZIP	SO DAYTONA FL	ok
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	MCKEMIE, MARLOU	
STREET ADDRESS	405 DRIFTWOOD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	KONZ, RUTH	
STREET ADDRESS	33 CHIPPING WOOD LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PREB.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOU MCKEMIE T	
STREET ADDRESS	405 DRIFTWOOD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEE BLUME T	
STREET ADDRESS	218 SAGE BRUSH TR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENISE MILLER	
STREET ADDRESS	49 OCEAN TERR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	2ND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN KING T	
STREET ADDRESS	122 BONITA PL	
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)(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:

[Signature]
7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

(386) 253-5001

CR2E037 (10/02)