

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 255517****1. Entity Name**  
**VOLUSIA PENNYSAYER, INC.****FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90114 046 \*\*\*150.00

**Principal Place of Business****901 SIXTH STREET**  
**P.O. BOX 2831**  
**DAYTONA BEACH FL 32120****Mailing Address****901 SIXTH STREET**  
**P.O. BOX 2831**  
**DAYTONA BEACH FLA 32120-2831**  
**US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **59-2092636**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****KENDALL, DAVID R**  
**901 SIXTH ST**  
**DAYTONA BEACH FL 32117****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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON JR. HERBERT M	
STREET ADDRESS	901 6TH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	COBB, THOMAS T	
STREET ADDRESS	901 6TH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	KANEY, GEORGIA M.	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH FL 32117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KANEY, JONATHAN D., JR.	
STREET ADDRESS	901 6TH ST.	
CITY-ST-ZIP	DAYTONA BCH. FL 32117	
TITLE	ASDT	<input type="checkbox"/> Delete
NAME	DAVIDSON, MARC L.	
STREET ADDRESS	901 6TH ST.	
CITY-ST-ZIP	DAYTONA BCH. FL 32117	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DAVIDSON TRUILO, JULIA	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, DAVID R.	
STREET ADDRESS	901 6TH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUILO, ROBERT	
STREET ADDRESS	901 6TH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-01

904-601-2393

CR2E034 (10/00)