

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481767

1. Entity Name
NEI OF VOLUSIA, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90001 048 ***150.00

Principal Place of Business

Mailing Address

801 N STONE ST
DELAND FL 32720

C/O WILLIAM A. BOYLES
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

c/o William A. Boyles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3068

City & State

City & State

Orlando, FL

4. FEI Number 59-1608929

Applied For

Not Applicable

Zip

Country

Zip

Country

32802-3068

USA

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

BOYLES, WILLIAM A.
301 E. PINE STREET
SUITE 1400
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BOYLES, WILLIAM A
210 E PINE STREET, STUIE 1200
ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
301 E. Pine Street, Suite 1400
Orlando, Florida 32801 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CHAMBERLAIN, JEAN
801 N STONE STREET
DELAND FL 32720 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

(407) 843-8880

Daytime Phone #

CR2E034 (10/00)