

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90014 032 ***150.00

DOCUMENT # 507126

1. Entity Name

VOLUSIA SCHWINN INC.

Principal Place of Business

Mailing Address

**205 SOUTH YONGE STREET
ORMOND BEACH FL 32174-6233**

**205 SOUTH YONGE STREET
ORMOND BEACH FL 32174-6233**

2. Principal Place of Business

2 Cypress View Tr
Suite, Apt. #, etc.

3. Mailing Address

2 Cypress View Tr
Suite, Apt. #, etc.

City & State

Ormond Bch FL

Zip **32174** Country

City & State

Ormond Bch FL

Zip **32174** Country

4. FEI Number **59-1676201**

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

**WESTFALL, RICHARD
205 SOUTH YONGE STREET
ORMOND BCH, FL
32074**

Name

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

2 Cypress View Tr

City

Ormond Bch

FL

Zip Code

32174

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, 2000 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 **D** ☐ Delete
NAME **WESTFALL, JUDY**
STREET ADDRESS **205 SO YONGE ST**
CITY-ST-ZIP **ORMOND BCH, FL 00000**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2 Cypress View Tr**
CITY-ST-ZIP **Ormond Bch FL 32174**

TITLE **PD** ☐ Delete
NAME **WESTFALL, RICHARD**
STREET ADDRESS **205 SOUTH YONGE STREET**
CITY-ST-ZIP **ORMOND BCH, FL 00000**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2 Cypress View Tr**
CITY-ST-ZIP **Ormond Bch FL 32174**

TITLE ☐ Delete
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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 empowered.

SIGNATURE:

JUDITH A WESTFALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00. 904 673 3455

Date

Daytime Phone #

CR2E034 (9/99)