

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700476

1. Entity Name

VOLUSIA HOME BUILDERS ASSOCIATION, INC.

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90039 005 \*\*\*\*\*61.25

0006793

Principal Place of Business

4606 CLYDE MORRIS BLVD.  
RAVENSQUARE-SUITE1-0  
PORT ORANGE FL 32119  
US

Mailing Address

4606 CLYDE MORRIS BLVD  
SUITE 1-0  
PORT ORANGE FL 32119  
US

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

23-7329286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MC GEE, ELIZABETH  
4606 CLYDE MORRIS BLVD  
SUITE 1-0  
PORT ORANGE FL 32119

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DINIZO JR, ANTHONY 1156 CLUBHOUSE BLVD NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYTAS JR, JIM 1399 DUNLAWTON AVE #2B PORT ORANGE FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGER, JOAN 200 S SEAGRAVE AVE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, SALLY S 412 6TH ST HOLLY HILL FL 32117-4346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, SCOTT 69 LOGGERHEAD CT PONCE INLET FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC GEE, ELIZABETH 4606 CLYDE MORRIS BLVD #1-0 PORT ORANGE FL 32119	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Heather Inda 710 W. New York Avenue DeLand, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jerry Columbus 2970 S. Atlantic Avenue Daytona Beach Shores, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Vice President Sally Scott 412 6th St Holly Hill, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott McCarthy 69 Loggerhead Court Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Elizabeth McGee 4606 Clyde Morris Blvd #1-0 Port Orange, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ELIZABETH MC GEE EXECUTIVE OFFICER 01/31/01 904-761-9515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)