

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90018 029 \*\*\*\*61.25

**DOCUMENT # 700476**

1. Entity Name

**VOLUSIA HOME BUILDERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

**4606 Clyde Morris Blvd.**

3. Mailing Address

**4606 Clyde Morris Blvd.**

Suite, Apt. #, etc.

**Ste. 2-P**

Suite, Apt. #, etc.

**Ste. 2-P**

City & State

**Port Orange, FL**

City & State

**Port Orange, FL**

4. FEI Number

**23-7329286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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  
**Elizabeth McGee**  
Street Address (P.O. Box Number is Not Acceptable)  
**4606 Clyde Morris Blvd.**  
**Ste.2-P**  
City  
**Port Orange** **FL** Zip Code  
**32129**

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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>INDA, HEATHER</b>	
STREET ADDRESS	<b>710 W NEW YORK AVE</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAYTAS JR, JIM</b>	
STREET ADDRESS	<b>1399 DUNLAWTON AVE #2B</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLUMBUS, JERRY</b>	
STREET ADDRESS	<b>2970 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOTT, SALLY S</b>	
STREET ADDRESS	<b>412 6TH ST</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117-4346</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCARTHY, SCOTT</b>	
STREET ADDRESS	<b>69 LOGGERHEAD CT</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MC GEE, ELIZABETH</b>	
STREET ADDRESS	<b>4606 CLYDE MORRIS BLVD #1-0</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paytas Jr., Jim</b>	
STREET ADDRESS	<b>P.O. Box 290490</b>	
CITY-ST-ZIP	<b>Port Orange, FL 32129</b>	
TITLE	<b>1st Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McCarthy, Scott</b>	
STREET ADDRESS	<b>69 Loggerhead Ct.</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jarosik, Tom</b>	
STREET ADDRESS	<b>4000 Old Dixie Highway</b>	
CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>	
TITLE	<b>Associate Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hughes, Cyndi</b>	
STREET ADDRESS	<b>2990 S. Atlantic Ave., 2nd Floor</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>May, Kim</b>	
STREET ADDRESS	<b>4035 S. Nova Rd.</b>	
CITY-ST-ZIP	<b>Port Orange, FL 32127</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McGee, Elizabeth</b>	
STREET ADDRESS	<b>4606 Clyde Morris Blvd., Ste 2-P</b>	
CITY-ST-ZIP	<b>Port Orange, FL 32129</b>	

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 McGee* **Elizabeth McGee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

(386) 761-9515

Daytime Phone #

CR2E037 (9/01)