2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700476



- 1 数例

FILED Feb 26, 2003 8:00 am Secretary of State

1. Entity N		# 700476				02-26-2003 90127 042 ****61.25						
4606 CLYDE SUITE 2-P PORT ORAN US	lace of Busines MORRIS BLVC WGE FL 32119 Place of Busin).	Mailing Address 4606 CLYDE MORRIS BLVD. SUITE 2-P PORT ORANGE FL 32119 US					H	1 3 117 318 14 8		810 00 800 00 80 0 0	
3520 In Suite, Ap	nt '1 Spe ot. #, etc.	edway Blvd.	3. Mailing Address P.O. Box 9427 Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES					
City & State Daytona Beach, FL			City & State Daytona Beach, FL				4. FEI Number	23-7329286	·		Applied For Not Applicable	_
Zip 32124	2124 USA		32120-9427		intry 1		5. Certificate of	f Status Desired		\$8.75 Ac	dditional	<u>-</u>
	6. Name	and Address of Current I	Registered Agent	tered Agent			7. Name and Address of New Registered Agent					_
110055					Name				<u> </u>			_
4606 CI	, ELIZABETH LYDE MORRI			3520 Inte			(P.O. Box Number is Not Acceptable) rnational Speedway Blvd.					_
SUITE 2	2-P DRANGE FL 3	20140				-			7.			_
ronic	PRINCIE FL S		ĺ	City	D				Zip Cor	de	_	
8. The above named entity submits this statement for the purpose of changing its ruthe obligations of registered agent.					Dayte	tona Beach FL				<u>- 3212</u>	<u>4</u>	
the obliga	ations of registe	ered agent.	· harbass or arranging in	5 (09/5/6/6	o once	or registere	u agent, or both,	in the State of Flori	ida. I am	familiar with,	, and accept	
	20.	beth MSH	, ,									ļ
SIGNATURE	Signature typed of	or printed name of registered agent ar	nd title if applicable (NO)	ELIZA	<u>beth</u>	McGee ature required w	<u>Executi</u>	<u>ve Office</u> r		:/03		
			1	- registered	Agent signs	ature required w	nen reinstating)		DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be	Make Check Payable to Florida Department of State				
						,	10000 10 1 665	Piorida	Depar	ment of	State	
10.	1VP	OFFICERS AND DIRE		11.		A	DITIONS/CHAN	GES TO OFFICERS	AND DIF	RECTORS IN	10	┨
TITLE Name	MCCARTH	Y SCOTT	☐ Delete	TITLE		P	_		-	K Change	☐ Addition	1
STREET ADDRESS				NAME	7.400ncon	McCar	rthy, Scott					l
CITY-ST-ZIP	PONCE INLET FL 32127		•	CITY-S	TADDRESS	l oa roggernead		Ct.				
TITLE	P		∑ Delete	TITLE		1VP/I	Inlet, I	<u>ئاء 32127</u>			.	1
NAME	PAYTAS JR, JIM		Delete	NAME	. •	Jarosik, Tom			☆ Change	☐ Addition	1	
STREET ADDRESS	P.O BOX 2				ADDRESS	4000	Old Dixie	Hichway				
CITY-ST-ZIP		NGE FL 32129		CITY-S	T-ZIP	Ormon	d Beach,	FL 32174				l
NTLE	VD	7014	Delete	TITLE		S/D				₹ Change	Addition	l
NAME Street address	JAROSIK, T			NAME		May,	Kimberlee			Tem Straings		ļ
CITY-ST-ZIP	ODMOND B	DIXIE HEY BEACH FL 32174			ADDRESS -	#4035~ Dow+	S. Nova R	d	•			
TITLE	AVP	ENOTI PL 321/4		CITY-S	I-ZIP		Orange, F	L 3212/				ĺ
IAME	HUGHES, C	YNDI	⊠ Delete	TITLE NAME		T/D	D 7			☐ Change	Addition x	l
TREET ADDRESS	ADDRESS 2990 S. ATLANTIC AVE., 2ND FLOOR				ADDRESS .	2335	son, Paul Beville R	.a A				
ITY-ST-ZIP	DAYTONA E	BEACH FL 32118		CITY-S1		Dayto	na Beach.	FL 32119				
ITLE	T		☐ Delete	TITLE		D				☐ Change		
AME	MAY, KIM		y"	NAME		Thomas, Andy				☐ Change	Addition	
TREET ADDRESS ITY-ST-ZIP	4035 S. NOVA RD. PORT ORANGE FL 32127			ADDRESS	801 W	 Granada 	_Blvd.,#1	.00				
	D D DRAN	NUE FL 32127	-	CITY-ST	- ZIP	Ormon	d Beach,	FL 321 7 4				
TLE AME	_	7AŘETLI	🔀 Delete	TITLE		VP/D		-		☐ Change	Addition	
REET ADDRESS			NAME OTOE			Conley, Steve						
TY-ST-ZIP PORT ORANGE FL 32129			⊑ <i>2</i> • r	STREET A	ADDRESS 1495 (S. Volusia	a Ave., #1	.02		1	
2 I hereby o	ortifu that the in			CITY-ST	-217	orange	e City, F	L 32/63			J	

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 propowered.

SIGNATURE:

MED