

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703175

1. Entity Name

THE DELAND DISTRICT BOARD OF MISSIONS OF THE UNI

Principal Place of Business

303 E. KENTUCKY AVENUE  
DELAND FL 32724

Mailing Address

303 E. KENTUCKY AVENUE  
DELAND FL 32724

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

59-2252935

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

BOEHM, RICHARD  
435 S RIDGEWOOD AVE  
BOX 6511 (32122)  
DAYTONA BEACH FL 32114

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C  
NAME CRABILL, ROBERT  
STREET ADDRESS 191 WESTHAMPTON DR  
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

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

TITLE D  
NAME DUNCAN, MONFORT C J  
STREET ADDRESS 303 E. KENTUCKY AVENUE  
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE S  
NAME CHAPMAN, ROBERT  
STREET ADDRESS 349 HICKORY HILL PL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE D  
NAME GREEN, COLLACE  
STREET ADDRESS 13 CHOCTAW TERRACE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE D  
NAME MCQUEEN, S. DWIGHT JR  
STREET ADDRESS 203 HERADA ST  
CITY-ST-ZIP ST AUGUSTINE FL 32174 ☐ Delete

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

TITLE T  
NAME SMITH, DANA  
STREET ADDRESS 5 ARCH ANGEL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

*Montfort C. Duncan, Jr.*

Montfort C. DUNCAN, Jr.

4/25/01

386-734-

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90413 046 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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