FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -8 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **706151**

1. Corporation Name
THE UNIVERSITY CLUB OF VOLUSIA COUNTY INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1586 518 S. LANVALE AVE. DAYTONA BEACH FL 32115	POST OFFICE BOX 1586 518 S. LANVALE AVE. DAYTONA BEACH FL 32115

05-03-99 90120 038 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/13/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1027160 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SEITZ,WILLIAM M
518 S LANVALE AVE
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, ROBERT		1.2 NAME		
STREET ADDRESS	9 ROCKEY CREEK TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	32174	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANVILLE, GERALD		2.2 NAME		
STREET ADDRESS	575 N NOVA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		2.4 CITY-ST-ZIP	32174	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, WILLIAM M		3.2 NAME		
STREET ADDRESS	518 S LANVALE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 0		3.4 CITY-ST-ZIP	32114	
TITLE	D	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	COOK, SHERYL		4.2 NAME		
STREET ADDRESS	150 S BEACH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		4.4 CITY-ST-ZIP	32114	
TITLE	VPD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRAHAM, RICHARD		5.2 NAME		
STREET ADDRESS	411 OCEAN SHORE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	BANKER, RICK		6.2 NAME	William McMunn,	
STREET ADDRESS	107 ANCHOR DRIVE		6.3 STREET ADDRESS	3 Ravensfield Lane	
CITY-ST-ZIP	PONCE INLET FL		6.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~W. SIGNATURE REQUIRED~~ 4-28-99 904-258-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #