

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706151

1. Entity Name

THE UNIVERSITY CLUB OF VOLUSIA COUNTY INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90114 018 \*\*\*\*61.25

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 FLA 32115-1586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1027160

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 ☐ Delete  
NAME JOHNSON, ROBERT  
STREET ADDRESS 9 ROCKEY CREEK TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☒ Delete  
NAME GRANVILLE, GERALD  
STREET ADDRESS 575 N NOVA ROAD  
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition  
NAME VD  
STREET ADDRESS Galloway, G.G.  
CITY-ST-ZIP 121 Sawtooth  
Ormond Beach, FL 32174

TITLE ☐ Delete  
NAME SEITZ, WILLIAM M  
STREET ADDRESS 518 S LANVALE AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32174

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS COOK, SHERYL  
CITY-ST-ZIP 150 S BEACH ST  
DAYTONA BCH FL 32114

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS GRAHAM, RICHARD  
CITY-ST-ZIP 411 OCEAN SHORE BLVD  
ORMOND BEACH FL 32176

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCMUNN, WILLIAM  
CITY-ST-ZIP 3 RAVENSFIELD LANE  
ORMOND BEACH FL 32174

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)