

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90397 038 \*\*\*\*61.25

<b>DOCUMENT # 706151</b> 1. Entity Name <b>THE UNIVERSITY CLUB OF VOLUSIA COUNTY INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 1586 518 S. LANVALE AVE. DAYTONA BEACH FL 32115</b>			Mailing Address <b>POST OFFICE BOX 1586 518 S. LANVALE AVE. DAYTONA BEACH FL 32115</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1027160</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SEITZ, WILLIAM M 518 S LANVALE AVE DAYTONA BEACH FL 32015</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEATTIE, BRUCE</b> <input type="checkbox"/> Delete <b>636 PELICAN BAY DR</b> <b>DAYTONA BEACH FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNELL, GREG</b> <input checked="" type="checkbox"/> Delete <b>357 N BEACH ST</b> <b>ORMOND BEACH FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Williams, E. David</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>635 Beville Rd., Ste. A</b> <b>Daytona Beach, FL 32119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEITZ, WILLIAM M</b> <input type="checkbox"/> Delete <b>518 S LANVALE AVENUE</b> <b>DAYTONA BEACH FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOBERG, MARY-ELLEN</b> <input checked="" type="checkbox"/> Delete <b>150 S PALMETTO AVE A</b> <b>DAYTONA BEACH FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Persis, Carl</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3 Tidewater Dr.</b> <b>Ormond Beach, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>VELIE, CARL</b> <input type="checkbox"/> Delete <b>200 OAK GROVE ST</b> <b>ORMOND BEACH FL 32176</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCMUNN, WILLIAM</b> <input type="checkbox"/> Delete <b>3 RAVENSFIELD LANE</b> <b>ORMOND BEACH FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>William M. Seitz</u> <b>WILLIAM M. SEITZ</b> <u>MM/20/04</u> <u>386253706</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66429023



MOORE CR2E037 (11/03)