

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 016 ****61.25

DOCUMENT # 706151

1. Entity 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1027160

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

SEITZ, WILLIAM M
518 S LANVALE AVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAHRPLES, KENT	
STREET ADDRESS	4840 S. PENINSULA DRIVE	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, E. DAVID	
STREET ADDRESS	1400 HAND AVE., STE D	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEITZ, WILLIAM M	
STREET ADDRESS	518 S LANVALE AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATKINSON, LARRY	
STREET ADDRESS	42 OAKMONT CIR.	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALIN, BARRY	
STREET ADDRESS	100 JOHN ANDERSON DR.	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	D.P	<input type="checkbox"/> Delete
NAME	MAZUR, JOHN	
STREET ADDRESS	1811 ROSCOE TURNER TRAIL	
CITY - ST - ZIP	DAYTONA BEACH FL 32124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James O'Shaughnessy	
STREET ADDRESS	1210 Gamble Place	
CITY - ST - ZIP	Daytona Beach, FL 32118	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spelling of last name	
STREET ADDRESS	of first one to: Sharples	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

William M. Seitz WILLIAM M. SEITZ 4/14/07 380-263-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #