## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State DOCUMENT # 706606 1. Entity Name SEABREEZE UNITED CHURCH, INC. 05-21-2002 91226 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 501 NORTH WILD OLIVE AVE 501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0624455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent... 7. Name and Address of New Registered Agent ---Name Street Address (P.O. Box Number is Not Acceptable) SIMMONS, DIANA 22 TIFFANY CIRCLE **ORMOND BEACH FL 32174** 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TD TITLE Delete TITLE ☐ Change ☐ Addition PERRY, CHARLES NAME NAME STREET ADDRESS 50 WOODRIDGE DR STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition COOK, SHERYL michael Simmons NAME 22 Tiffany Circle 8 MAYFIELD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ormond Beach FL 32174 . --ORMOND BEACH FL 32174 CITY\_ST\_ZIP Delete TITLE TITLE 50 PARKER, BETTY sue Schermer NAME NAME John Anderson Dr 2115 S. PENINSULA DRIVE STREET ADDRESS STREET ADDRESS Ormand Beach FL 32176 CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP Delete TITLE **Addition** Ed Savard **BUTLER, GORDON** NAME NAME 700 Sunview Place STREET ADDRESS 4141 OTTOWA LANE STREET ADDRESS Daytona Beach, FL32114 CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition SIMMONS, DIANA NAME NAME 22 TIFFANY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BEQUPIERA Simmons

4/29/02 386-252-6314 Date Dayline Phone #

FILED