

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707355

1. Entity Name

JUNIOR LEAGUE OF DAYTONA BEACH, INC.

Principal Place of Business

122 S PALMETTO AVE
DAYTONA BEACH FL 32114
US

Mailing Address

122 S PALMETTO AVE
DAYTONA BEACH FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7013995

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

GOODSON, RHODA B.
220 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

Name: GOODSON, RHODA B.

Street Address (P.O. Box Number is Not Acceptable)

150 MAGNOLIA AVE

City

DAYTONA BEACH

FL

Zip Code

32114

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 PD
NAME COLEMAN, BARBARA
STREET ADDRESS 305 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE PED
NAME KIM MARTIN
STREET ADDRESS 2611 CANARD PL
CITY-ST-ZIP DELAND, FL 32720 ☐ Change ☒ Addition

TITLE PED
NAME SPENCER, MARY
STREET ADDRESS 513 RIVERVIEW BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE RSD
NAME GERNERT, HEATHER
STREET ADDRESS 922 NORTH BROOK DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE RSD
NAME KELLY FERGUSON
STREET ADDRESS 17 SYCAMORE CI
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

TITLE TED
NAME KRAFT, PATTY
STREET ADDRESS 6 ECLIPSE TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE TD
NAME KAREN SANDERS
STREET ADDRESS 6201 KLONDIKE DR
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ Change ☒ Addition

TITLE TD
NAME PINTILIANO, ANN
STREET ADDRESS 11 GOLDEN GATE DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☒ Delete

TITLE TED
NAME MELINDA VAUGHAN
STREET ADDRESS 1719 ARASH CI
CITY-ST-ZIP PORT ORANGE, FL 32124 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

Barbara Coleman, President 2/15/2002 253-1756
386 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)