

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710629**

1. Entity Name

THE ORMOND ANCHORS CHASERS, INC.**FILED**
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90004 047 ****61.25

0010014

Principal Place of Business

**4 KATRINAS DR.
ORMOND BEACH FL 32174**

Mailing Address

**4 KATRINAS DR.
ORMOND BEACH FL 32174**

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

59-1053477

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

**SERBOUSEK, DON
1635 MORAVIA AVE.
HOLLY HILL FL 32117**

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 **PD** ☐ Delete
NAME **CONLEY, DAVID**
STREET ADDRESS **225 SANDBY CIRCLE**
CITY-ST-ZIP **SOUTH DAYTONA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **TURNER, JIM**
STREET ADDRESS **2620 QUEEN PALM DRIVE**
CITY-ST-ZIP **EDGEWATER FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **CZUL, ERNIE**
STREET ADDRESS **4 N. VENETIAN WAY**
CITY-ST-ZIP **PORT ORANGE FL 32117**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **NORRIS, CLIFFORD**
STREET ADDRESS **4 KATRINAS DR.**
CITY-ST-ZIP **ORMOND BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LANE, JOHN**
STREET ADDRESS **2609 PENINSULA DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SERBOUSEK, DON**
STREET ADDRESS **1635 MORAVIA AVE.**
CITY-ST-ZIP **HOLLY HILL FL 32117**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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**NORRIS****4/10/01****(352) 676-0640**

Date

Daytime Phone #

CR2E037 (10/00)