

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90058 036 \*\*\*\*61.25

80021965



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 710921**

1. Entity Name

**DELAND-WEST VOLUSIA COMMITTEE OF 100, INC.**

Principal Place of Business

**336 N BOULEVARD  
 DELAND FL 32720-3495  
 US**

Mailing Address

**336 N BOULEVARD  
 DELAND FL 32720-3458  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1108512**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RITCHEY, DAHLON G.  
 336 NORTH WOODLAND BLVD.  
 DELAND FL 32721**

Name

**JENNY STUMBRAS**

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

**336 N WOODLAND BLVD**

City

**DELAND FL**

**FL**

Zip Code

**32720**

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]*

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 PP	P	<input type="checkbox"/> Delete
NAME	<b>SIMCOX, MARYANN</b>	
STREET ADDRESS	<b>1300 E INT'L SPEEDWAY BLVD</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE NAME	S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>RITCHEY, DAHLON G</b>	
CITY-ST-ZIP	<b>336 N. WOODLAND BLVD.                  DELAND FL 32720</b>	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>REYNOLDS, DICK</b>	
CITY-ST-ZIP	<b>230 N WOODLAND BLVD                  DELAND FL</b>	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	<b>TAVER, CORNETT</b>	
CITY-ST-ZIP	<b>101 N WOODLAND BLVD.                  DELAND FL 32724</b>	
TITLE NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>KNUTZEN, CRAIG</b>	
CITY-ST-ZIP	<b>PO BOX 2078                  DELAND FL 32721-2078</b>	
TITLE NAME	V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>WILLIAMS, BUFFY</b>	
CITY-ST-ZIP	<b>119 N WOODLAND BLVD                  DELAND FL</b>	

TITLE PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY ANN SIMCOX</b>
STREET ADDRESS	<b>2583 WILMHURST RD</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE NAME	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>JENNIE STUMBRAS</b>
CITY-ST-ZIP	<b>336 N WOODLAND BLVD.                  DELAND FL 32720</b>
TITLE NAME	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>BECKY NIEMANN</b>
CITY-ST-ZIP	<b>1055 SAXON BLVD                  ORANGE CITY FL 32763</b>
TITLE NAME	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>GAIL WADSWORTH</b>
CITY-ST-ZIP	<b>1645 LEXINGTON AVE                  DELAND FL 32724</b>
TITLE NAME	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>FRANK MERCER</b>
CITY-ST-ZIP	<b>1200 W INT'L SPEEDWAY BLVD                  DAYTONA BEACH FL 32120</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-10-00 734-4331**

CR2E037 (9/99)