

2002 UNIFORM BUSINESS REPORT (UBR)

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 32720-3495
US

2. Principal Place of Business

336 N. Woodland Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

336 N. Woodland Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1108512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUMBRAS, JENNY
336 NORTH WOODLAND BLVD.
DELAND FL 32721

7. Name and Address of New Registered Agent

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

TITLE PD ☒ Delete
NAME SIMCOX, MARYANN
STREET ADDRESS 1300 E INT'L SPEEDWAY BLVD
CITY-ST-ZIP DELAND FL 32724

TITLE SD ☐ Delete
NAME JUSTIN, KAREN
STREET ADDRESS PO BOX 819
CITY-ST-ZIP DELAND FL 32721-0819

TITLE TD ☐ Delete
NAME BARKER, LES
STREET ADDRESS 101 NORTHLAKE DRIVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VD ☐ Delete
NAME CANADA, VAN
STREET ADDRESS 302 E NEW YORK AVE
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME Frank Mercer
STREET ADDRESS PO Box 2811, Daytona Beach FL 32120
CITY-ST-ZIP

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

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

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

TITLE T ☐ Change ☒ Addition
NAME Jon Graham
STREET ADDRESS 1055 Saxon Blvd
CITY-ST-ZIP Orange City, FL 32763

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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91010 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)