

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90366 024 ****61.25

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.

3. Mailing Address

336 N. Woodland Blvd
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 **T** ☐ Delete
NAME **GRAHAM, JON**
STREET ADDRESS **1055 SAXON BLVD**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **P** ☒ Delete
NAME **MERCER, FRANK**
STREET ADDRESS **P.O. BOX 2811**
CITY-ST-ZIP **DAYTONA BEACH FL 32120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **V Lisa Ford Strobeck**
STREET ADDRESS **115 1/2 E. Indiana Ave**
CITY-ST-ZIP **DeLand, FL 32720**

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

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

TITLE ☐ Change ☒ Addition
NAME **P Charlene Casoria-Gagnier**
STREET ADDRESS **929 N. Spring Garden Ave**
CITY-ST-ZIP **DeLand, FL 32720**

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:

Karen J. Justin **KAREN J. JUSTIN**

1/22/03

CR2E037 (10/02)