

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711421

1. Entity Name

ORMOND SHORES ESTATES, INC.

Principal Place of Business

35 WISTERIA DRIVE
ORMOND BEACH FL 32176
US

Mailing Address

35 WISTERIA DR.
ORMOND BEACH FL 32176
US

2. Principal Place of Business

37 WISTERIA DR

Suite, Apt. #, etc.

3. Mailing Address

37 WISTERIA

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip
32176

Country
US

City & State

ORMOND BEACH FL

Zip
32176

Country
US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, MURIEL E

35 WISTERIA DR

ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Rose Banks-ton

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

37 WISTERIA DR

City

ORMOND BEACH

FL

Zip Code

32176

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

Rose Banks-ton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02
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 SD
NAME JOHNSON, MARY
STREET ADDRESS 32 JUNIPER DR.
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE TD
NAME AUSTIN, MURIEL E
STREET ADDRESS 35 WISTERIA DR.
CITY-ST-ZIP ORMOND BEACH FL ☒ Delete

TITLE PD
NAME BENEDICT, BRUCE
STREET ADDRESS 29 CAMELLIA DR
CITY-ST-ZIP ORMOND BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME Bruce Benedict D ☒ Change ☐ Addition
STREET ADDRESS 29 CAMELLIA DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME TREASURER
NAME Rose Bankston D ☒ Change ☐ Addition
STREET ADDRESS 37 WISTERIA DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME President
NAME Walter O. Phillips D ☒ Change ☐ Addition
STREET ADDRESS 45 WISTERIA DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

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

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

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 recipient, 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:

Rose Banks-ton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

4/26/02

Daytime Phone #

386-441-6784

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-19-2002 90155 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)