

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711883

1. Entity Name

DELAND SHRINE CLUB HOLDING CORPORATION, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90394 014 ****70.00

0022607

Principal Place of Business

CLARA AVE # 15A
PO BOX 222
DELAND FL 32721-7222

Mailing Address

CLARA AVE # 15A
PO BOX 222
DELAND FL 32721-7222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6135883

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

SCHROEDER, FRANK
114 CHESTNUT LANE
LAKE HELEN FL 32744

Name

H. LESLIE FERRELL

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

1003 N. PINE ST.

DELAND

City

FL

Zip Code

32724-2327

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 NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, VICTOR B 612 ORANGE TREE DR ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABELL, WILLIAM 1568 W. EUCLID AVE DELAND FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAPP, BOB 442 BARK CIRCLE DELAND FL 32724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEDER, FRANK 114 CHESTNUT LANE LAKE HELEN FL 32744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLE, DON 800 FLAGLER AV EDGEWATER FL 32132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. LLOYD LARSON 951 OAKWOOD RD. ORANGE CITY, FLA. 31763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JIMMY YATES 738 W. HOGLE AVE DELAND, FLA. 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAGLEY GILLINGHAM 511 W. MINN. AVE. DELAND, FLA. 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAM PAISH 136 MILLS RD DELAND, FLA. 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DANIEL GAINEN 206 N. WOODLAND BLVD. DELAND, FLA. 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

BAGLEY GILLINGHAM BAGLEY GILLINGHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)