

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711883

i. Entity Name

DELAND SHRINE CLUB HOLDING CORPORATION, INC.

FILED

Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90071 036 \*\*\*\*70.00

Principal Place of Business

Mailing Address

LARA AVE # 15A  
O BOX 222  
DELAND FL 32721-7222

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

2. Principal Place of Business

CLARA AVE # 15A

Suite, Apt. #, etc.

P.O. Box 222

City & State  
DELAND, FLA.

Zip Country  
32721-0222 Volusia

3. Mailing Address

CLARA AVE # 15A

Suite, Apt. #, etc.

P.O. Box 222

City & State  
DELAND, FLA.

Zip Country  
32721-0222 Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6135883

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRELL, H LESLIE  
1003 N PINE ST  
DELAND FL 32724-2327

7. Name and Address of New Registered Agent

Name

WILLIAM PAISH

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

136 MILLS RD.

City

DELAND

FL

Zip Code

32724

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

*Bagley Gillingham - Secy.*

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

(Not Registered Agent signature required when reinstating)

DATE

4-6-2002

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

0. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LARSON, LLOY 951 OAKWOOD RD ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YATES, JIMMY 738 W HOGLE AVE DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILLINGHAM, BAGLEY 511 W MINN AVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINEN, DANIEL 206 N WOODLAND BLVD DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLE, DON 800 FLAGLER AV EDGEWATER FL 32132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV. DWIGHT MILLER 4302 GRAND AVE. DELAND, FLA. 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAMES HOUSEND 1556 LAKESIDE DR. DELAND, FLA. 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAGLEY GILLINGHAM 223 N. HILL AVE. DELAND, FLA. 32724	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS. SAMUEL NEIL 113 N. FAIRFAX AVE. DELAND, FLA. 32724	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/6/02 386-738-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)