

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713154

1. Entity Name

COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90025 042 \*\*\*140.00

Principal Place of Business

Mailing Address

160 N BEACH ST  
 DAYTONA BEACH FL 32114  
 US

P O BOX 671  
 DAYTONA BEACH FL 32115-0671  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1160221

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPUTARO, GAIL F.  
 160 N BEACH STREET  
 DAYTONA BCH FL 32114

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD PHILLIPS, TODD O.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	220 S RIDGEWOOD AVE DAYTONA BEACH FL 32114	
TITLE NAME	VD NOWISKIE, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	525 FENTRESS BLVD DAYTONA BEACH FL 32114	
TITLE NAME	D SCHWARZ, RALPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	221 FENTRESS BLVD DAYTONA BEACH FL 32114	
TITLE NAME	TD HOFFMAN, HARLEY E	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	108 SEMINOLE DRIVE ORMOND BEACH FL 32174	
TITLE NAME	SD FRASER, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5207 S. ATLANTIC AVE #723 NEW SMYRNA BCH FL 32169	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	18 IROQUOIS TRAIL ORMOND BEACH, FL 32174	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	SD PEPIN, MICHAEL A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10 JILL ALISON CIRCLE ORMOND BEACH, FL 32176	

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:

GAIL E. CAMPUTARO, REGISTERED AGENT

Date

Daytime Phone #

2/10/00 (904) 253-4700

CR2E037 (9/99)