

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90339 019 \*\*\*\*70.00

**DOCUMENT # 713154**

1. Entity Name

**COUNCIL ON AGING OF VOLUSIA COUNTY, INC.**

Principal Place of Business

**160 N BEACH ST  
 DAYTONA BEACH FL 32114  
 US**

Mailing Address

**P O BOX 671  
 DAYTONA BEACH FL 32115-0671  
 US**

**713154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1160221**

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

**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  Delete  
 NAME **D PHILLIPS, TODD O.**  
 STREET ADDRESS **18 IROQUOIS TRAIL**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD NOWVSKIE, RONALD**  
 STREET ADDRESS **275 CLYDE MORRIS BLVD**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME **PD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD HOFFMAN, HARLEY E**  
 STREET ADDRESS **108 SEMINOLE DRIVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD FRASER, ALAN**  
 STREET ADDRESS **5207 S. ATLANTIC AVE #723**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE  Change  Addition  
 NAME **VD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD PEPIN, MICHAEL A**  
 STREET ADDRESS **10 JILL ALISON CIRCLE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE  Change  Addition  
 NAME **TD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SD JORDAN, DONNA M.**  
 STREET ADDRESS **659 N. HALIFAX DR, ORMOND BEACH, FL 32176**  
 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:**

**RONALD NOWVSKIE, PRESIDENT**

*Ronald Nowvskie* 2/1/01

(904) 671-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)