

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90144 009 \*\*\*\*70.00

**DOCUMENT # 713154**

1. Entity Name

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

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



**\$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 **PD**  Delete  
 NAME **NOWWISKIE, RONALD**  
 STREET ADDRESS **275 CLYDE MORRIS BLVD**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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

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

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

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

TITLE **SD**  Delete  
 NAME **JORDAN, DONNA M**  
 STREET ADDRESS **659 N HALIFAX DR**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Change  Addition  
 NAME **RAMBO, WILLIS L.**  
 STREET ADDRESS **165 GULL CIRCLE NO.; DAYTONA BCH FL 32119**  
 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:

**ALAN R. FRASER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02

Date

(386) 253-4700

Daytime Phone #

CR2E037 (9/01)