

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90009 039 \*\*\*\*61.25

**DOCUMENT # 714973**

1. Entity Name  
**DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO**

Principal Place of Business      Mailing Address  
 160 NO. BEACH ST.      P.O. BOX 1790  
 DAYTONA BEACH FL 32115      DAYTONA BEACH FL 32115-1790  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-7120281</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>WALLS, MARILYN                  45 RIVERDUNES DR.                  DAYTONA BEACH FL 32118</del>				Name <b>BETTY D. BECK</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1302 SAN JOSE BLVD.</b>			
				City <b>HOLLY HILL, FL</b>		Zip Code <b>32117</b>	
				City <b>FL</b>		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: *Betty D. Beck*      **BETTY D. BECK, TREASURER**      **JANUARY 23, 2001**  
Signature, type, 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	<b>PD TINKOFF, L. BARRY 152 LOON CT. DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD IRENE PETERS 524 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALLS, MARILYN 45 RIVER DUNES DR. DAYTONA BEACH FL 32118</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BILL TERNENT 6467 LONGLAKE DRIVE PORT ORANGE, FL 32124</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BEYER, GEORGE 200 HARPERS FERRY DR. DAYTONA BEACH FL 32118</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BETTY D. BECK 1302 SAN JOSE BLVD. HOLLY HILL, FL 32117</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRYANT, KAREN 754 RIVER OAK DR. ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOSIE RIEDEL 112 GREBE COURT DAYTONA BEACH, FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD DAVIS, CALVERT 101 BRYAR CREEK CIR. DAYTONA BEACH FL 32114</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CALVERT DAVIS 101 BRYAR CREEK CIRCLE DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHRISTENSEN, ELSIE 45 RIVER DUNES DR. DAYTONA BEACH FL 32118</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B RAY-EVON 113 WOOD IBIS COURT DAYTONA BEACH, FL 32119</b>	<input checked="" 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: *Betty D. Beck*      **BETTY D. BECK, TREASURER**      1-23-01      904-253-7237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)