

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717935

1. Entity Name

VOLUSIA EDUCATORS ASSOCIATION, INCORPORATED

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90103 047 \*\*\*\*61.25

Principal Place of Business

1381 EDUCATORS RD.  
DAYTONA BCH FL 32124-1048

Mailing Address

1381 EDUCATORS RD.  
DAYTONA BCH FL 32124-1048

AV011034



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

59-1158758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, RICHARD  
4673 EARLY RISE LN  
JACKSONVILLE FL 32223

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 SMITH, ANN  
STREET ADDRESS 489 PINEWOOD ST  
CITY-ST-ZIP ORMOND BCH FL 32178

TITLE ☒ Change ☒ Addit  
NAME CHARLES MOSKOWITZ PD  
STREET ADDRESS 10 SHAWNEE TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 (President)

TITLE VPD ☐ Delete  
NAME FAIR, FRED  
STREET ADDRESS 1991 LAKE DR  
CITY-ST-ZIP N SMYRNA BCH FL 32168

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME HEARD, PATRICIA  
STREET ADDRESS 1401 THIRD ST  
CITY-ST-ZIP DAYTONA BCH FL 32117

TITLE ☐ Change ☒ Addit  
NAME Secretary SD  
STREET ADDRESS ANN SMITH  
CITY-ST-ZIP 489 Pinewood Street  
Ormond Beach, FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
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:

*CHARLES MOSKOWITZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MOSKOWITZ

JAN. 06, 2000

904-255-3286

Date

Daytime Phone #