

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 719104

1. Entity Name

LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.

Principal Place of Business

3875 TIGER BAY ROAD
DAYTONA BCH FL 32124
US

Mailing Address

3875 TIGER BAY RD
DAYTONA BCH FL 32124-1063
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

59-1295986

Applied For

Not Applicable

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

CANTLEY, ERNEST D
3875 TIGER BAY RD
DAYTONA BEACH FL 32174

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.

Ernest D. Cantley

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-2000

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

TITLE ☒ Delete
NAME HUGER, JAMES E
STREET ADDRESS 835 SYCAMORE ST
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☒ Delete
NAME ATTICK, WILLIAM E
STREET ADDRESS 1308 PEACHTREE DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Delete
NAME SERBOUSEK, TED
STREET ADDRESS P.O. BOX 751 N/A
CITY-ST-ZIP DAYTONA EBACH FL

TITLE ☒ Delete
NAME LYNN, EVELYN
STREET ADDRESS 824 PENINSULA DR
CITY-ST-ZIP ORMOND BCH FL

TITLE ☐ Delete
NAME BEIGHLE, J.W.
STREET ADDRESS 6327 PLAMES BAY CIR
CITY-ST-ZIP FT. ORANGE FL

TITLE ☐ Delete
NAME MCGRATH, BARBARA
STREET ADDRESS 275 RIVERSIDE DR
CITY-ST-ZIP ORMOND EBACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Ann Burt
CITY-ST-ZIP 900 John Anderson Dr
Ormond Bch, FL 32174

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

TITLE ☒ Change ☐ Addition
NAME VICE Chairman
STREET ADDRESS TED Serbousek
CITY-ST-ZIP P.O. BOX 751
DAYTONA BCH, FL 32115

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Joan Kinder
CITY-ST-ZIP 1517 N. Halifax Dr
Daytona Bch, FL 32118

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

TITLE ☒ Change ☐ Addition
NAME Chairman
STREET ADDRESS Barbara McGrath
CITY-ST-ZIP 275 Riverside Dr
Ormond Bch, FL 32174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-2000 904-947-1300

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90073 026 ****70.00



DO NOT WRITE IN THIS SPACE