

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90140 002 \*\*\*\*\*70.00

**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  
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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ernest D. Cantley*  
Signature, typed or printed name of registered agent and title, if applicable.

**Ernest D. Cantley, Pres/CEO**

**3-18-03**

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BURT, ANN**  
STREET ADDRESS **900 JOHN ANDERSON DR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **Myra Middleton**  
STREET ADDRESS **27 Mountauk Lane**  
CITY-ST-ZIP **Palm Coast, FL 32164**

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

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KINDER, JOAN**  
STREET ADDRESS **1517 N HOLIFAX DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

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

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

TITLE **D** ☒ Delete  
NAME **MCGRATH, BARBARA**  
STREET ADDRESS **275 RIVERSIDE DR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **T** ☒ Delete  
NAME **GORNT, SHARON**  
STREET ADDRESS **1403 OAK FOREST DR**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Myra Middleton* **MYRA MIDDLETON 3-5-03 386-947-1300**

CR2E037 (10/02)