

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724313

1. Entity Name

THE GREATER DAYTONA BEACH AREA YOUNG MEN'S CHRIS

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90088 008 ****61.25

Principal Place of Business 825 DERBYSHIRE RD DAYTONA BEACH FL 32117	Mailing Address 825 DERBYSHIRE RD DAYTONA BEACH FL 32117-4509
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0638513	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RANDY 4 SUNWOOD TRAIL ORMOND BEACH FL 32174
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BOSTIC, WAYNE 19 MAVERICK LANE ORMOND BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOGES, BILL P.O. BOX 2860 N/A DAYTONA BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYTKO, ED 1804 WRIGHT DR DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDALL, DAVE 827 BAYRIDGE LA PORT ORANGE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEARLEY, RICHARD 271 GOLDEN BAY ORMOND BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete DYTKO, ED 1804 WRIGHT DR. DAYTONA BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RANDY 4 SUNWOOD TRAIL ORMOND BEACH, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYTKO, ED 1804 WRIGHT DR DAYTONA BEACH, FL. 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOYLE, John 127 Ponce DeLeon PL. DAYTONA BEACH, FL. 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUDLOW, BOB 160 N. NOVA ROAD ORMOND BEACH, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOGES, BILL 275 CLYDE MORRIS BLVD ORMOND BEACH, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>SIG [Signature]</i>	4-28-2000	904 253-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)