

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725688

1. Entity Name

FLOTILLA 44, INCORPORATED

Principal Place of Business

401 S. BEACH ST
U.S.C.G. AUXILIARY BLDG.
DAYTONA BEACH FL 32114
US

Mailing Address

C/O W.J. HALL
P O BOX 261
ORMOND BCH FL 32175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

(Same as above)

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HALL, W. JAMES
20 TOMOKA AVE
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

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: Reg. 11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
McKirdy, James A.
2362 Melonie Trail
New Smyrna Beach, FL 32168-9221
☐ Change ☒ Addition

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TESTON, KARIN L PO BOX 291031 N/A PT ORANGE FL 32129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERDAR, SANDRA R 586 S. RIDGEWOOD AVENUE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, NANCY F 134 BELLEVILLE AVE DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, GERALD E 1244 S. PENINSULA DR., #116 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, WILLIAM J PO BOX 291579 N/A PT ORANGE FL 32129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODEL, WILLIAM T 2283 S PALMETTO ST S DAYTONA FL 32119-3007 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 C Robinson, Stuart A. 134 Belleville Ave. Daytona Beach, FL 32119-2202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Hodel, William T. 2283 S. Palmetto St. S. Daytona, FL 32119-3007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hall, W. James 20 Tomoka Ave. Ormond Beach, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dwyer, Dolly A. 12 Cedar Falls Dr. Ormond Beach, FL 32174-8280 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dolney, Frank 4621 S. Atlantic Ave (APT. 7202) Ponce Inlet, FL 32127-8042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morrison III, Julian K. 16 Summer Trees Rd. Port Orange, FL 32124-7506 <input type="checkbox"/> Change <input checked="" 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: W. James Hall

2 March, 2001 386-672-4512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90011 026 ****61.25

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DO NOT WRITE IN THIS SPACE