

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90115 018 ****61.25

DOCUMENT # 733057

1. Entity Name

DAYTONA BEACH, REACT, INC.

Principal Place of Business

**203 NORTH MCDONALD AVE
DELAND FL 32724-4513
US**

Mailing Address

**203 NORTH MCDONALD AVE
DELAND FL 32724-4513
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

59-1804444

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

**VOGENITZ, M. BILL
203 NORTH MCDONALD AVE
DELAND FL 32724**

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	<input type="checkbox"/> Delete
NAME	VOGENITZ, VALORIE A	
STREET ADDRESS	203 NORTH MCDONALD AVE	
CITY-ST-ZIP	DELAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANN, WILMA	
STREET ADDRESS	335 GARDEN STREET	
CITY-ST-ZIP	DELAND FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN-ROSS, WILMA	
STREET ADDRESS	335 GARDEN STREET	
CITY-ST-ZIP	DELAND, FL 32720	

TITLE	STD	<input type="checkbox"/> Delete
NAME	VOGENITZ, M B	
STREET ADDRESS	203 NORTH MCDONALD AVE	
CITY-ST-ZIP	DELAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SAA	<input type="checkbox"/> Delete
NAME	SLANEY, ARTHUR	
STREET ADDRESS	3003 US HWY 92 LOT 70	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ALTERNATE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, DONALD	
STREET ADDRESS	154 SPRINGWOOD DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL., 32119	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

M. Bill Vogenitz

M. BILL VOGENITZ

Date

2/23/01

Daytime Phone #

CR2E037 (10/00)