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

Mailing Address

50 SANDRA DRIVE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ORMOND BEACH FL 32176-3121

DOCUMENT # 737226

1. Entity Name

50 SANDRA DRIVE

Principal Place of Business

ORMOND BEACH FL 32176-3121

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

DAYTONA BEACH SKI CLUB, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90133 031 ****61.25

90045369



LOUCKS, WILLIAM E. BOX 15200 DAYTONA BCH FL 32115

7. Name and Address of New Registered Agent								
	-							
table)	_							
	-							
FL Zip Code	_							
	table)							

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.

Country

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

•	FÍLE	NOW.	FEE	IS \$61	.25

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

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10.	OFFICERS AND DIRECTORS		11.	ADDITIO	ONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN	J 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONICH, GREG 153 DAWN DRIVE ORMOND BEACH FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy 93/7 Leesb	fulk, Fer,	R PRO near a	9 idant □ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNDERWOOD, PATTY 50 SANDRA DR. ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Indianer, Leonard 501 Plaza Drive Daytona Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			i st ern vist	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grabow, Kathy 21 Maplewood Trail Ormond Beach Fl 32174	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		Delete	TITLE NAME STREET ADDRESS				☐ 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 appowered.

SIGNATURE:

SILEAN PEO