

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0001470

DOCUMENT # 738849

1. Entity Name

SOUTH DAYTONA CITIZENS ALERT COUNCIL, INC.

02-18-2002 90160 036 ****70.00

Principal Place of Business

Mailing Address

**1672 S RIDGEWOOD AVE
 PO BOX 4223
 SOUTH DAYTONA FL 32121**

**1672 S RIDGEWOOD AVE
 PO BOX 4223
 SOUTH DAYTONA FL 32121**

B0027365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1761274

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHOCH, JOHN C
 C/O S DAYTONA CITIZENS ALERT COUNCIL
 1672 S RIDGEWOOD AVE
 S DAYTONA FL 32121**

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 **P** ☐ Delete
 NAME **WARE, ANNETTE**
 STREET ADDRESS **2280 GRANADA AVE**
 CITY-ST-ZIP **SO. DAYTONA BEACH FL 32119**

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

TITLE **V** ☐ Delete
 NAME **SCHOCH, JOHN**
 STREET ADDRESS **933 PINEAPPLE RD**
 CITY-ST-ZIP **SO. DAYTONA FL**

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

TITLE **DV** ☐ Delete
 NAME **ROMAHN, ALICE E**
 STREET ADDRESS **2317 BRIAN AVE**
 CITY-ST-ZIP **SOUTH DAYTONA FL**

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

TITLE **VD** ☒ Delete
 NAME **FASSEL, JOHN P**
 STREET ADDRESS **36 SILK MOSS ST**
 CITY-ST-ZIP **SO. DAYTONA BEACH FL 32119**

TITLE **VD** ☐ Change ☒ Addition
 NAME **MARIAN BUCKMAN**
 STREET ADDRESS **2872 OAKLEA DRIVE**
 CITY-ST-ZIP **SO. DAYTONA, FL. 32119**

TITLE **SD** ☐ Delete
 NAME **O'NEAL, SUSAN**
 STREET ADDRESS **2044 MAGNOLIA**
 CITY-ST-ZIP **SO. DAYTONA BEACH FL 32119**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **T** ☐ Change ☒ Addition
 NAME **CATHERINE GILBERT**
 STREET ADDRESS **546 CAMBRIDGE CIRCLE**
 CITY-ST-ZIP **SO. DAYTONA, FL. 32119**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 (386) 322 3022
 Date Daytime Phone #

CR2E037 (9/01)