

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739148

1. Entity Name

THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90118 038 ****61.25

Principal Place of Business

Mailing Address

2900 LANTERN DR
SOUTH DAYTONA FL 32119
US

P.O. BOX 214888
SOUTH DAYTONA FL 32121-4888
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

59-2388183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, YVONNE M
2900 LANTERN DRIVE
SOUTH DAYTONA FL 32119

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 ☒ Delete
NAME LENOIS, ROY
STREET ADDRESS 9 VENETIAN CIR.
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE PD ☐ Change ☒ Addition
NAME LAWHUN, KEITH
STREET ADDRESS 1460 TIVOLI DRIVE
CITY-ST-ZIP DELTONA, FL 32725

TITLE VD ☐ Delete
NAME PENNY, JERRY
STREET ADDRESS 2832 S. PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

TITLE SD ☐ Delete
NAME HORTON, DORIS
STREET ADDRESS 9511 NW 6TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE TD ☐ Delete
NAME CRAWFORD, YVONNE
STREET ADDRESS 2900 LANTERN DRIVE
CITY-ST-ZIP SOUTH DAYTONA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Yvonne M. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 (904)
767-7164

CR2E037 (9/99)