

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739148

1. Entity Name

THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME
NT, INC.

Principal Place of Business

2900 LANTERN DR
SOUTH DAYTONA FL 32119
US

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2388183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, YVONNE M
2900 LANTERN DRIVE
SOUTH DAYTONA FL 32119

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

(no change)
Yvonne M. Crawford
YVONNE M. CRAWFORD, TREASURER

4/9/2002
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

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

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

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

TITLE VD ☐ Delete
NAME REGISTER, JAMES
STREET ADDRESS 160 REGISTER LN
CITY-ST-ZIP SEVILLE FL 32190

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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
YVONNE M. CRAWFORD, 4/9/02 (386) 767-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)