

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90040 027 ****61.25

DOCUMENT # 744218

1. Entity Name

DAYTONA BEACH TIP-OFF CLUB, INC.

Principal Place of Business

Mailing Address

**149-P SOUTH RIDGEWOOD AVE.
 DAYTONA BEACH FL 32114-4320
 US**

~~**149-P SOUTH RIDGEWOOD AVE.
 DAYTONA BEACH FL 32114-4320
 US**~~

2. Principal Place of Business

3. Mailing Address

PO Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

746

City & State

Daytona Beach FL

4. FEI Number

59-2421622

Applied For

Not Applicable

Zip

Country

32115

Country

Volusia

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

**WILLIAMS, S. LARUE
 150 SOUTH PALMETTO AVENUE
 DAYTONA BEACH FL 32014**

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	STD	<input type="checkbox"/> Delete
NAME	BARKIN, MARSHALL H	
STREET ADDRESS	149-P SOUTH RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DESTEFANO, LEONARD	
STREET ADDRESS	1416 MANDRAKE ROAD	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNELL, FRANK	
STREET ADDRESS	1200 VOLUSIA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-217-4100

CR2E037 (9/01)