

PS 1 of 3

5/31/00-90020-033-\$70.00-\$70.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744237
1. Entity Name
SERENITY HOUSE OF VOLUSIA, INC.

FILED

00 JUN 22 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
308 S. MARTIN LUTHER KING BLVD P.O. BOX 2198
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32115-2198
US 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 Applied For
59-1849438 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOFFMAN, THOMAS
1115 JACARANDA AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent
Name Randall R. Croy, Executive Director
Street Address (P.O. Box Number is Not Acceptable) 540 Ridgewood Avenue
City Daytona Beach FL Zip Code 32114

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 *Randall R Croy* 5-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$81.25 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	DC	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	THOMPSON, JERRY		NAME		
STREET ADDRESS	500 WALKER STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DOLNER, JERRY		NAME		
STREET ADDRESS	2920 NORTH PENINSULA OR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	D/V	☒ Change ☐ Addition
NAME	HOFFMAN, THOMAS		NAME		
STREET ADDRESS	1115 JACARANDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Gerard Keating D/C	☐ Change ☒ Addition
NAME			NAME	318 Silver Beach	
STREET ADDRESS			STREET ADDRESS	Daytona Beach, FL	LS
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Kathryn Blannett D/S	☐ Change ☒ Addition
NAME			NAME	11 Appaloosa Trail	
STREET ADDRESS			STREET ADDRESS	Ormond Beach, FL	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Joel Greenstein D/T	☐ Change ☒ Addition
NAME			NAME	1200 N. Halifax Avenue	
STREET ADDRESS			STREET ADDRESS	Daytona Beach, FL	
CITY-ST-ZIP			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 another like empowered.
SIGNATURE: *Randy Croy* REQUIRED Randy Croy, Executive Director 5-1-00
Signature and typed or printed name of signing officer or director Date Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744237

1. Entity Name

SERENITY HOUSE OF VOLUSIA, INC.

744237
A0062944

Attachment

Principal Place of Business S MARTIN LUTHER KING BLVD BEACH FL 32114	Mailing Address P.O. BOX 2196 DAYTONA BEACH FL 32115-2196 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1849438	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFFMAN, THOMAS 1115 JACARANDA AVENUE DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Conte D 40 Nicholas Court Ormond Beach, FL	☐ Change ☒ Action
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonita Sorensen D 420 Fentress Blvd Daytona Beach, FL	☐ Change ☒ Action
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Big John D 250 N. Beach Street Room 106 Daytona Beach, FL	☐ Change ☒ Action
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fran Worthen D 943 Sandlebury Court Port Orange, FL	☐ Change ☒ Action
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Lewis D 422 Division Street Ormond Beach, FL	☐ Change ☒ Action
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reid Hughes D 1025 S. Beach Street Daytona Beach, FL	☐ Change ☒ Action

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

CR2E037 (9/99)