

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744237

1. Entity Name

SERENITY HOUSE OF VOLUSIA, INC.

Principal Place of Business

540 N. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32115-2196  
US

Mailing Address

P.O. BOX 2196  
DAYTONA BEACH FL 32115-2196  
US

2. Principal Place of Business

540 N. Ridgewood Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip

Country

32114

US

Zip

Country

4. FEI Number

59-1849438

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROY, RANDALL R  
540 N. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32115-2196

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JERRY 500 WALKER STREET HOLLY HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLINER, JERRY 2920 NORTH PENINSULA DR DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOFFMAN, THOMAS 1115 JACARANDA AVENUE DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KEATING, GERARD 318 SILVER BEACH DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANNETT, KATHRYN 11 APPALOOSA TRAIL ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREENSTEIN, JOEL 1200 N. HALIFAX AVENUE DAYTONA BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90007 045 \*\*\*\*70.00

644556



DO NOT WRITE IN THIS SPACE

0008485

CR2E037 (10/00)

4-11-01 (386) 258-5050

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Handwritten:* Hachmink  
Stamp # 644556

DOCUMENT # 744 237 (CONT'D)

1. Entity Name

Serenity House of Volusia, Inc

Principal Place of Business

540 N. Ridgewood Avenue  
DAYTONA BEACH, FL 32115-2196  
US

Mailing Address

P.O. Box 2196  
DAYTONA BEACH, FL 32115-2196  
USA

2. Principal Place of Business

540 N. Ridgewood Avenue

3. Mailing Address

Suite, Apt. #, etc.

DAYTONA BEACH, FL

City & State

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number

59-1849438

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip  
32114

Country  
USA

Zip

Country

6. Name and Address of Current Registered Agent

CROY, RANDALL R  
540 N. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32115-2196

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIP
STREET ADDRESS	NDRA HALL
CITY-ST-ZIP	1316 OVERBROOK DR ORMONO BEACH, FL 32174
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIT
STREET ADDRESS	ANDREW LYON
CITY-ST-ZIP	105 SAXON BLVD DELTONA, FL 32725
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JUDY CONTE
CITY-ST-ZIP	40 NICHOLAS COURT ORMONO BEACH, FL 32176
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	BIG JOHN
CITY-ST-ZIP	250 N. BEACH STREET, Room 106 DAYTONA BEACH, FL 32114
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	FRAN WORTHEN
CITY-ST-ZIP	943 SANDIE BURY COURT PORT ORANGE, FL 32127-7961
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	MICHAEL LEWIS
CITY-ST-ZIP	422 DIVISION STREET ORMONO BEACH, FL 32176

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten:* Randall R Croy

Date

Daytime Phone #

*Handwritten:* 4-11-06 (386) 288-5050

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744231 (cont 'D)

1. Entity Name

Principal Place of Business

540 N. Ridgewood Avenue  
DAYTONA BEACH, FL 32115-2196  
US

Mailing Address

P.O. Box 2196  
DAYTONA BEACH, FL 32115-2196  
US

2. Principal Place of Business

540 N. Ridgewood Avenue

3. Mailing Address

Suite, Apt. #, etc.

DAYTONA BEACH, FL

City & State

City & State

Zip  
32114

Country  
USA

Zip

Country

4. FEI Number

59-1849438

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

CROY, RANDALL R  
540 N. Ridgewood Avenue  
DAYTONA BEACH, FL 32115-2196

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

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

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D REID HUGHES
STREET ADDRESS	1025 S. BEACH STREET
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D RON ZIMMER
STREET ADDRESS	351 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TERESA WISE
STREET ADDRESS	32 S. PENINSULA DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WELDON BLAKE
STREET ADDRESS	640 MARY McLEOD BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Vicki Miles
STREET ADDRESS	4503 TREEBROOK ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BARBARA PARIS
STREET ADDRESS	717 W. CANAL STREET
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randall R Croy

4-11-01 (386) 258-5050

Attachment  
Stamp # 644556