

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744787

1. Entity Name

VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90012 033 ****61.25

Principal Place of Business

Mailing Address

VOLUSIA CO. LIBRARY
CITY ISLAND
DAYTONA BEACH FL 32114
US

P.O. BOX 1881
ORMOND BEACH FL 32175-1881
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

59-0242520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDWELL, HAROLD D SR
1343 WOODBINE STREET
DAYTONA BEACH FL 32114

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	P	<input type="checkbox"/> Delete
NAME	BUSHNELL, JAY R	
STREET ADDRESS	155 PINTO LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARDWELL, HAROLD D SR	
STREET ADDRESS	1343 WOODBINE STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARNER, SHIRLEY	
STREET ADDRESS	226 ORMWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUNNY, SUSAN	
STREET ADDRESS	991 PARKWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ESTES, JOHN	
STREET ADDRESS	840 CENTER AVE #80	
CITY-ST-ZIP	HOLLY HILLS FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDWELL, PRISCILLA	
STREET ADDRESS	1343 WOODBINE ST.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

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	
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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 #

CR2E037 (9/99)