

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90083 011 \*\*\*\*61.25

**DOCUMENT # 744787**

1. Entity Name

**VOLUSIA ANTHROPOLOGICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

**VOLUSIA CO. LIBRARY  
 CITY ISLAND  
 DAYTONA BEACH FL 32114  
 US**

**P.O. BOX 1881  
 ORMOND BEACH FL 32174  
 US**

**901940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

*UP Ruth Trager  
 610 Bostwick Ave  
 Daytona Beach, FL 32118*

*Sec Louis Lumaghi  
 1 Cliffside Dr  
 Ormond Beach, FL 32174*

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

*1/12/2001 904-672-8650*  
 Date Daytime Phone #

CR2E037 (10/00)