

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749589

1. Entity Name

DAYTONA BEACH CHORAL SOCIETY, INC.

Principal Place of Business

P. O. BOX 1005
DAYTONA BEACH FL 32115
US

Mailing Address

P. O. BOX 1005
DAYTONA BEACH FL 32115
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HAUSER, TERRI
117 RIVER BLUFF DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
LEWIS H. ZIMMERMANN
Street Address (P.O. Box Number is Not Acceptable)
650 MIDDLEBURY LOOP
City
NEW SMYRNA BEACH FL Zip Code
32168

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 **LEWIS H. ZIMMERMANN**
Lewis H. Zimmermann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 2 2002

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	PD	<input type="checkbox"/> Delete
NAME	ZIMMERMANN, LEWIS	
STREET ADDRESS	650 MIDDLEBURY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYLIE, RONALD	
STREET ADDRESS	31 BRYAN CAVE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANGLETON, DORIS	
STREET ADDRESS	2437 SWORDFISH LN	
CITY-ST-ZIP	EDGEWATER FL 32141	
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 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	
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**
Lewis H. Zimmermann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 2002 38-427-1935

Date

Daytime Phone #

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90015 030 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2004897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

0058833