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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750015

1. Corporation Name

**DOWNTOWN BUSINESS & PROFESSIONAL ASSOCIATION OF
DAYTONA BEACH, INC.**

Principal Place of Business

100 S BEACH ST
POST OFFICE BOX 1107
DAYTONA BEACH FL 32115
US

Mailing Address

100 S BEACH ST
POST OFFICE BOX 1107
DAYTONA BEACH FL 32115
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/03/1979

4. FEI Number

59-1991936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEITZ, WILLIAM M
100 S BEACH STREET
SUITE E210
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WHISENANT, TOM**
STREET ADDRESS **180 COUNTRY CLUB DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **VP** ☐ DELETE
NAME **LINN, MIKE**
STREET ADDRESS **126 W INTERNATIONAL SPEEDWAY BLVD**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE **PD** ☒ DELETE
NAME **SCOTT, SAVANNAH**
STREET ADDRESS **100 S BEACH ST**
CITY-ST-ZIP **DAYTONA BC**

TITLE **PD** ☐ DELETE
NAME **SMITH, AL J**
STREET ADDRESS **154 S BEACH ST**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **S** ☐ DELETE
NAME **SEITZ, WILLIAM M**
STREET ADDRESS **100 S BEACH STREET STE 210**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **TD** ☒ DELETE
NAME **MARINACCIO, LEN**
STREET ADDRESS **150 MAGNOLIA AVE**
CITY-ST-ZIP **DAYTONA BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32176**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **Lynn Justis,**
3.3 STREET ADDRESS **146 Orange Ave.**
3.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32114**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32114**

6.1 TITLE **TD** ☐ Change ☒ Addition
6.2 NAME **Cobb, Sheri**
6.3 STREET ADDRESS **299 Bill France Blvd.**
6.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2899 904-258-0901
Date Daytime Phone #

CR2E037 (11/98)