

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750038

1. Entity Name

VOLUSIA LAND TRUST, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91582 004 ****61.25

80082047



DO NOT WRITE IN THIS SPACE

Principal Place of Business

150 MAGNOLIA AVENUE
PO BOX 2491
DAYTONA BEACH FL 32114-9491

Mailing Address

150 MAGNOLIA AVENUE
PO BOX 2491
DAYTONA BEACH FL 32114-9491

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 59-1963838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75* Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115

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	PD	<input type="checkbox"/> Delete
NAME	KANEY, JR., JONATHAN D.	
STREET ADDRESS	150 MAGNOLIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDERSON, CLAY E	
STREET ADDRESS	1005 N. DIXIE FREEWAY	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CARTER, JOAN D.	
STREET ADDRESS	122 W. MICHIGAN AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, SIDNEY P.	
STREET ADDRESS	DEER MOSS RANCH	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASCHERL, F. JACKSON	
STREET ADDRESS	200 CANAL ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARREY, HOWARD	
STREET ADDRESS	763 BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL	

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	

CR2E037 (9/01)

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

386-255-8171

Daytime Phone #