

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-05-2001 90346 022 ****61.25

DOCUMENT # 755354

1. Entity Name

THE CHILDREN'S ADVOCACY CENTER OF VOLUSIA & FLAG

Principal Place of Business

344 S BEACH ST
 DAYTONA BCH FL 32114
 US

Mailing Address

344 S BEACH ST
 DAYTONA BCH FL 32114
 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

59-2065914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MARLETTA, DONNA
 3892 TANGLEWOOD CIRCLE
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name Donna Marietta

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

109 Sweetwater Oaks Lane

City

Daytona Beach,

FL

Zip Code

32114

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

Donna Marietta

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

(NOTE: Registered Agent signature required when reinstating)

2/14/01

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	PATRICK, PAMELA K S	
STREET ADDRESS	4 COBBLESTONE TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLEMMING, SHEILA Y	
STREET ADDRESS	30 SO. INLET HARBOUR	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	PEO	<input checked="" type="checkbox"/> Delete
NAME	CONNORS, KEVIN J	
STREET ADDRESS	103 ADDISON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TSAI, HO	
STREET ADDRESS	3 NOBLE WOODS WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	VOGT, KAREN	
STREET ADDRESS	2569 SELLECK AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCKINLEY, JULIE	
STREET ADDRESS	950 W. INTERNATIONAL SPDWY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		R. John Vagovic, M.D.	
STREET ADDRESS		1630 Mason Ave.	
CITY-ST-ZIP		Daytona Beach, FL 32114	
TITLE	D	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Jane Dodson	
STREET ADDRESS		22 Twelve Oaks Trail	
CITY-ST-ZIP		Ormond Beach, FL 32174	
TITLE	D	FIRST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Judy Lemerand	
STREET ADDRESS		103-C North Lake Drive	
CITY-ST-ZIP		Ormond Beach, FL 32174	
TITLE		Second Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Susan B. Glass, CPA, PA	
STREET ADDRESS		836 S. Ridgewood Ave	
CITY-ST-ZIP		Daytona Beach, FL 32114	
TITLE	D	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Jodi Seiflin, Esq.	
STREET ADDRESS		113 N. Andrews Drive	
CITY-ST-ZIP		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: DONNA MARIETTA REQUIRE Donna Marietta 2/14/01 386-238-3830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)