

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 8:00 am
Secretary of State**

02-16-2000 90053 043 ****61.25

DOCUMENT # 759397

1. Entity Name

VOLUSIA COUNTY TRUSTS AND ESTATES COUNCIL, INC.

Principal Place of Business

Mailing Address

**150 MAGNOLIA AVE.
DAYTONA BEACH FL 32018****ATTEN: JANET MARTINEZ
P.O. BOX 2491
DAYTONA BEACH FL 32115-2491**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2062603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
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 **PD** ☐ Delete
NAME **MARTINEZ, JANET**
STREET ADDRESS **150 MAGNOLIA AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**TITLE **D** ☐ Change ☒ Addition
NAME **Glenn Barber**
STREET ADDRESS **303 N. Clyde Morris Blvd.**
CITY-ST-ZIP **Daytona Beach, FL 32120**TITLE **VC** ☐ Delete
NAME **TYUS, DONNA**
STREET ADDRESS **130 N. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32115**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **SMITH, GERRY**
STREET ADDRESS **120 S. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32115**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **EMERSON, DICK**
STREET ADDRESS **1020 INT'L SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **~~WOODWARD, JIM~~**
STREET ADDRESS **1238 RIDGEWOOD AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117-2722**TITLE ☒ Change ☐ Addition
NAME **TD WOODWARD, JAMES**
STREET ADDRESS **1238 RIDGEWOOD AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117**TITLE **D** ☐ Delete
NAME **CLARK, ALICE**
STREET ADDRESS **125 E. INDIANA AVE., STE B**
CITY-ST-ZIP **DELAND FL 32721**TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2000

255-1811 x270