

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0000057

DOCUMENT # 763288

1. Entity Name

DAYTONA BEACH CAT FANCIERS, INC.

04-09-2002 90053 002 ****61.25

Principal Place of Business

Mailing Address

**929 PARKWOOD DR.
 ORMOND BCH. FL 32174
 US**

**929 PARKWOOD DR.
 ORMOND BCH. FL 32174
 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

59-2872304

Applied For

Not Applicable

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

**INGOGLIA, MARY
 5155 BULLIS ROAD
 SAINT CLOUD FL 34772**

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 **TD** ☐ Delete
 NAME **INGOGLIA, M**
 STREET ADDRESS **5155 BULLIS RD**
 CITY-ST-ZIP **ST CLOUD FL 32772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **ANDERSON, PAMELA C**
 STREET ADDRESS **929 PARKWOOD DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **NIENHUIS, JEAN**
 STREET ADDRESS **387 PLAZA**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ESSICK, JEAN**
 STREET ADDRESS **2804 STERN DRIVE EAST**
 CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME **JESSE BROWN**
 STREET ADDRESS **735 BOSTON AVE.**
 CITY-ST-ZIP **So. DAYTONA, FL 32119**

TITLE **D** ☐ Delete
 NAME **ANDERSON, G E**
 STREET ADDRESS **929 PARKWOOD DR**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ESSICK, B**
 STREET ADDRESS **2804 STERN DRIVE E**
 CITY-ST-ZIP **ATLANTIC BCH FL 32233**

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: *Mary Ingoqlia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

407 892-5915

Date

Daytime Phone #

CR2E037 (9/01)