

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90193 047 ****61.25

DOCUMENT # 763288

1. Entity Name

DAYTONA BEACH CAT FANCIERS, INC.



Principal Place of Business

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

Mailing Address

**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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Ingoglia

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

(NOTE: Registered Agent signature required when reinstating)

4/4/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☒ Delete
NAME **BROWN, JESSE**
STREET ADDRESS **735 BOSTON AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE **VP** ☐ Delete
NAME **ESSICK, B**
STREET ADDRESS **2604 STERN DRIVE E**
CITY-ST-ZIP **ATLANTIC BCH FL 32233**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **Barry**
STREET ADDRESS **ANTHONY INGOGLIA**
CITY-ST-ZIP **5155 BULLIS RD**
ST CLOUD FL 34772

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **CAROLE FOSARTY**
CITY-ST-ZIP **1223 DAVID DR**
HOLLY HILL FL 32117

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

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 I am empowered.

SIGNATURE:

Mary Ingoglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 407 892-5915

CR2E037 (10/02)