

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90213 004 \*\*\*\*70.00

**DOCUMENT # 770082**

1. Entity Name  
**SUNSHINE SAFETY COUNCIL, INC.**

Principal Place of Business 150 NO BEACH STR DAYTONA BCH FL 32114 US	Mailing Address 150 NO BEACH STR DAYTONA BCH FL 32114 US
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**976798**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-2372470</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MOUNTCASTLE, ARTHUR**  
**150 N. BEACH STREET**  
**DAYTONA BEACH FL 32114**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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	DVC	<input type="checkbox"/> Delete
NAME	BENETT, RUSSELL	
STREET ADDRESS	880 OLD MILL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREENE, BARBARA	
STREET ADDRESS	4041 S NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTIRE, JAMES	
STREET ADDRESS	8 RIVERINE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	DC	<input type="checkbox"/> Delete
NAME	VON NIEDA, HAROLD	
STREET ADDRESS	100 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOS, GEORGE	
STREET ADDRESS	PO BOX 2811	
CITY-ST-ZIP	DAYTONA BEACH FL 32120-2811	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOUNTCASTLE, ARTHUR, M.	
STREET ADDRESS	1341 GOLFVIEW DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, Russell	
STREET ADDRESS	880 Old Mill Run	
CITY-ST-ZIP	Ormond Beach, FL 32174	
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		

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: *Arthur M. Mountcastle* **ARTHUR M. Mountcastle, Sec.**

CR2E037 (10/00)