

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90317 039 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2372470**

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

**MOUNTCASTLE, ARTHUR
150 N. BEACH STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PVC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, RUSSELL		NAME	Legg, Al	
STREET ADDRESS	880 OLD MILL RUN		STREET ADDRESS	P O Box 277	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32175	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, BARBARA		NAME	Jennison, David	
STREET ADDRESS	4041 S NOVA ROAD		STREET ADDRESS	1100 Jimmy Ann Dr	
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTIRE, JAMES		NAME	Evans, Bill	
STREET ADDRESS	8 RIVERINE DRIVE		STREET ADDRESS	1340 Ridgewood Ave	
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON NIEDA, HAROLD		NAME	Crisp, Linda	
STREET ADDRESS	100 S. RIDGEWOOD AVE.		STREET ADDRESS	P O Box 10809	
CITY-ST-ZIP	EDGEWATER FL 32132		CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKOS, GEORGE		NAME	Oswald, Marlene	
STREET ADDRESS	PO BOX 2811		STREET ADDRESS	4200 US 1 South	
CITY-ST-ZIP	DAYTONA BEACH FL 32120-2811		CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNTCASTLE, ARTHUR, M.		NAME		
STREET ADDRESS	1341 GOLFVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		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]* **RECORDED** Mouncastle, Secretary 4/10/03

CR2E037 (10/02)