

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770870

1. Entity Name

VOITURE LOCAL #294, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90001 029 ****61.25

Principal Place of Business

Mailing Address

C/O JOHN COPPOLO
492 LESLIE DR.
PORT ORANGE FL 32127

C/O JOHN COPPOLO
492 LESLIE DR.
PORT ORANGE FL 32127-6000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6178148

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

COPPOLO, JOHN
492 LESLIE DR.
PORT ORANGE FL 32127

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 P ☐ Delete
NAME WILSON, LARRY
STREET ADDRESS 525 N. DIXIE HWY
CITY-ST-ZIP NEW SMYRNA BCH FL

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

TITLE VP ☐ Delete
NAME COLE, WILLIAM T
STREET ADDRESS 113 HOTEL AVENUE
CITY-ST-ZIP EDGEWATER FL 32132-2317

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

TITLE S ☐ Delete
NAME COPPOLA, JOHN
STREET ADDRESS 492 LESLIE DRIVE
CITY-ST-ZIP PT ORANGE FL 32127

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

TITLE D ☐ Delete
NAME WRAGG, GEORGE
STREET ADDRESS 205 HERNANDEZ AVENUE
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D ☐ Delete
NAME SMITH, WENDELL S JR
STREET ADDRESS 4578 ALDER DR.
CITY-ST-ZIP PT. ORANGE FL 32127

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

TITLE T ☐ Delete
NAME COPPOLO, JOHN
STREET ADDRESS 492 LESLIE DR.
CITY-ST-ZIP PT. ORANGE FL 32127

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:

John Coppola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000

Date

904-322-1059

Daytime Phone #

CR2E037 (9/99)