

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770870

1. Entity Name

VOITURE LOCAL #294, INC.

Principal Place of Business

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

Mailing Address

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

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

59-6178148

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COPPOLO, JOHN
492 LESLIE DR.
PORT ORANGE FL 32127

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 JOHN COPPOLO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

John Coppolo

1/8/2001

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	<input type="checkbox"/> Delete
NAME	WILSON, LARRY	
STREET ADDRESS	525 N. DIXIE HWY	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLE, WILLIAM T	
STREET ADDRESS	113 HOTEL AVENUE	
CITY-ST-ZIP	EDGEWATER FL 32132-2317	
TITLE	S	<input type="checkbox"/> Delete
NAME	COPPOLA, JOHN	
STREET ADDRESS	492 LESLIE DRIVE	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRAGG, GEORGE	
STREET ADDRESS	205 HERNANDEZ AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WENDELL S JR	
STREET ADDRESS	4578 ALDER DR.	
CITY-ST-ZIP	PT. ORANGE FL 32127	
TITLE	T	<input type="checkbox"/> Delete
NAME	COPPOLO, JOHN	
STREET ADDRESS	492 LESLIE DR.	
CITY-ST-ZIP	PT. ORANGE FL 32127	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLGER RUST	
STREET ADDRESS	1274 HICKORY LANE	
CITY-ST-ZIP	DELAND, FL 32720	
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		
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:

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

JOHN COPPOLO

1/8/2001

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)