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

1/23

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-23-2003 90059 038 ****61.25

DOCUMENT # 770870

1. Entity Name
VOITURE LOCAL #294, INC.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME RUST, HOLGER STREET ADDRESS 1274 HICKORY LN CITY-ST-ZIP DELAND FL 32720	☒ Delete	TITLE NAME LARRY WILSON P STREET ADDRESS 525 N.DIXIE HIGHWAY CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	☐ Change ☐ Addition
TITLE VP NAME COLE, WILLIAM T STREET ADDRESS 113 HOTEL AVENUE CITY-ST-ZIP EDGEWATER FL 32132-2317	☒ Delete	TITLE NAME CLARENCE E. SWIMM V P STREET ADDRESS 5025 PALMETTO CITY-ST-ZIP PORT ORANGE, FL 32127	☐ Change ☐ Addition
TITLE S NAME COPPOLA, JOHN STREET ADDRESS 492 LESLIE DRIVE CITY-ST-ZIP PT ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WRAGG, GEORGE STREET ADDRESS 205 HERNANDEZ AVENUE CITY-ST-ZIP ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SMITH, WENDELL S JR STREET ADDRESS 4578 ALDER DR. CITY-ST-ZIP PT. ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME COPPOLO, JOHN STREET ADDRESS 492 LESLIE DR. CITY-ST-ZIP PT. ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED John Coppolo 1/15/2003 356-722-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

NURSES TRAINING, CHILD WELFARE, YOUTH SPORTS, AMERICANISM, COMRADESHIP

CHEF DE GARE
LARRY WILSON
525 N. DIXIE HWY.
NEW SMYRNA BEACH, FL.
ZIP#32168 PH 386-427-1793

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CORRESPONDANT LOCAL
JOHN F. COPPOLO
492 LESLIE DR.
PORT ORANGE, FL.
ZIP#32127 PH322-1059

S80113223
770870

PRESIDENT
LARRY WILSON
525 N. DIXIE HWY.
NEW SMYRNA BEACH, FL. 32168

VICE PRESIDENT
CLARENCE E. SWIMM
5025 PALMETTO AVE.
PORE ORANGE, FL 32127

SECRETORY
JOHN COPPOLO
492 LESLIE DRIVE
PORT ORANGE, FL 32127

DIRECTOR
GEORGE WRAGG
205 HERNANDEZ AVE.
ORMOND BEACH, FL 32174

DIRECTOR
WENDELL SMITH JR.
4578 ALDER DR.
PORT ORANGE, FL 32127

TREASURY
JOHN COPPOLO
492 LESLIE DR.
PORE ORANGE, FL 32127