

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000290

1. Entity Name

DAYTONA BEACH AFFILIATE OF THE SUSAN G. KOMEN BR

Principal Place of Business

5005 LBJ FREEWAY  
DALLAS TX 75244

Mailing Address

5005 LBJ FREEWAY  
DALLAS TX 75244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 PD  
NAME HANSEN, LINDA  
STREET ADDRESS 874 STERTHAUSE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE VD  
NAME BROADHURST, JANE  
STREET ADDRESS 303 N. CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE SD  
NAME DAVIS, BARBARA  
STREET ADDRESS 125 RAINS DRIVE  
CITY-ST-ZIP PONCE INLET FL 32127 ☐ Delete

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

TITLE TD  
NAME UPCHURCH, KAREN  
STREET ADDRESS 1474 WEST GRANADA BLVD.  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE D  
NAME UPCHURCH, KAREN  
STREET ADDRESS 1474 WEST GRANADA BLVD.  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Change ☐ Addition

TITLE D  
NAME COLLINS, PAT  
STREET ADDRESS 847 STERTHAUSE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE D  
NAME DEVORE, ELLEN  
STREET ADDRESS 10 RIO PINAR TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE T/D  
NAME DEVORE, ELLEN  
STREET ADDRESS 10 RIO PINAR TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Change ☐ Addition

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:

ELLEN R. DEVORE ELLEN DEVORE

1-18-01 904.671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2854957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required