

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000435

1. Entity Name

S.B.W. OF VOLUSIA COUNTY, L.C.

Principal Place of Business

530 SANDY OAKS BLVD.
ORMOND BEACH FL 32174

Mailing Address

530 SANDY OAKS BLVD.
ORMOND BEACH FL 32174-6197

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

59-3372871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARSHAY, RAYMOND
530 SANDY OAKS BLVD.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME BARSHAY, RAYMOND
STREET ADDRESS 530 SANDY OAKS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE MGRM ☐ Delete
NAME GUSTL SPRENG ENTERPRISES, INC.
STREET ADDRESS 2890 MALIBU COURT
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE MGRM ☐ Delete
NAME WIGGINS, WILLIAM J
STREET ADDRESS 2757 SPRUCE CREEK BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 400003217914--1
STREET ADDRESS -04/21/00--01010--024
CITY-ST-ZIP *****50.00 *****50.00

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Raymond Barshay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/30/00

904-677-7317

Date

Daytime Phone #

CR2E083 (9/99)

APPROVED
AND
FILED

00 APR -6 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE