

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-15-2001 90035 001 ****61.25

DOCUMENT # N00000001735

1. Entity Name

PRESIDENT'S COALITION OF THE DAYTONA BEACH HOUSI

Principal Place of Business

1200 9TH STREET
DAYTONA BEACH FL 32117

Mailing Address

1200 9TH STREET
DAYTONA BEACH FL 32117

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

Applied For

Not Applicable

applying for #

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

KRETZER, JOHN MR.
 1200 9TH STREET
 DAYTONA BEACH FL 32117

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

4/24/2001

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

TITLE PD ☐ Delete
 NAME KRETZER, JOHN MR.
 STREET ADDRESS 524 SO. BEACH STREET, #203
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE VD ☐ Delete
 NAME MANNING, OCIE MRS.
 STREET ADDRESS 819 SO. STREET, #2
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE SD ☐ Delete
 NAME TURNER, MARY MS.
 STREET ADDRESS 148 WHITNEY STREET
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE TD ☐ Delete
 NAME RAINGE, DONOFA
 STREET ADDRESS 1200 9TH STREET
 CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE D ☐ Delete
 NAME HAWKINS, TONIA MS.
 STREET ADDRESS 62 HALIFAX PARK
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete
 NAME TILLMON, TOMEASENE MRS.
 STREET ADDRESS 1200 9TH STREET #30
 CITY-ST-ZIP DAYTONA BEACH FL 32114

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/2001 Daytime Phone #

CR2E037 (10/00)